

ROUGH EDITED COPY

KING COUNTY EMERGENCY PLANNING WITH THE DISABILITY  
COMMUNITY

TUESDAY, MAY 13, 2013 10:00 a.m.

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SEATAC WASHINGTON; TUESDAY, MAY 13, 2014

10:15 A.M.

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>> DAVID SHANNON: All right. So good morning, everyone. My name is David Shannon, and I am with the American Red Cross, and our preparedness programs, and myself, along with my esteemed colleague here, Deb Cook, will be helping facilitate the conversation today around the topic of preparedness.

So I appreciate first of all that you've taken the time out of your busy schedules to come to this conference to be here, to participate and to contribute to this conversation about how different parts of the community, from community-based organizations providing services to our government partners providing services, to members of the disability community, to emergency managers, all coming together to have this conversation, to help us find where are the gaps, where are areas we need to work on more, and to really have this process of planning with each other through this, such a critical piece.

A few things to consider before we start our conversation is, in terms of the technical acronyms and that kind of thing, let's just keep it in plain language so we all can understand what we're talking about, and also, just for the interpreter's -- for respect out of the interpreter, if we could all just speak one at a time, so he can be sure to record what we're saying.

And if there's any other adjustments or anything we need to make during the conversation, just let us know so we can help facilitate that.

Such an important part of this cohort coming together, you're going to be together for these four sessions today, is really starting to develop that

relationship, that comfortability, being able to pick up the phone and call someone that hopefully you've met today through this day, and you can -- if you need something, you've already established some of those ties, some of that networking has already happened, which is so critical when we are in response mode or even in the planning mode. So part -- a big part of this is developing those relationships.

And a key piece of that is for us just to do some introductions. So we'll do this just at the start of the day, and if you could just give us a little bit about what you do, what your role is at your agency, that will kind of help orient us as we go through this conversation. And first I would just like to pass it over to my colleague, Deb Cook, so she can do more of an introduction of herself and what she does to start us off with our introductions. Deb?

>> DEB COOK: Sure. I'm Deb Cook. I work for the center on technology and disability studies at the University of Washington. It's a great big name, and after I say that I never have to say anything else.

But actually, I do two things. I work with the older blind independent living program that is sponsored by the department of services for the blind, so the customers that we serve in our program are average age about 90 years old, and most of them live independently. Believe me, they're not on any registry. And the other area that I work with is the assistive technology program for the State, and of course one of the things that we contribute to the notion of emergency management is the ability to assist in reuse, so, for example, for durable medical and other kinds of things, we can be a resource and we have been a resource -- we were a resource during Katrina to those states. So that's the areas that I particularly work in.

>> DAVID SHANNON: Thanks, Deb.

Let's just start this way and go around the room.

>> Todd, and I work for the center for (inaudible).

>> DAVID SHANNON: And we're going to be talking together as a group so gentlemen, if you wouldn't mind just turning so we can circle up here, that will be a little easier for everyone to hear each other. Unless of course you need to read the screens. I'm sorry, I didn't quite catch what you said.

>> Todd Holloway. I work for the center for independence in Lakewood, Washington.

>> I'm David Lord. I work for Disability Rights Washington, and Disability Rights Washington is an independent advocacy agency. We provide advocacy for people with disabilities. Our word is primarily made up of people with disabilities and do a lot of that kind of advocacy. Obviously, we're in accessible of emergency management. I'm the policy director, which means I do an awful lot of outreach with other organizations, and then I also do the work that we do with state regulations and the legislature and so forth.

>> My name is Jose Nunez. I'm with ARC of King County. We also advocate for people with intellectual and developmental disabilities. My role is more I'm a quality assurance coordinator so I just kind of make sure paperwork and documentation is good.

>> My name is June, and I'm also with the ARC, and I'm a student intern, so

I'm just here to learn.

>> I'm Patti Jean Hooper. I am the new emergency manager for the City of Kirkland, and I have a background in vulnerable population, so I'm looking to build a new emergency management program in Kirkland that has a high emphasis on accessibility.

>> I'm Carrie Ware, and I'm with solid ground. We contract with King County Metro to provide the air transit service.

>> I'm Rachel Myers. I'm from the northwest healthcare response network, and we do healthcare emergency management for king and Pierce Counties, so we coordinate with the emergency managers from the different hospital systems to different facilities and like the northwest kidney center and health point and long-term care facilities to make sure that everybody is talking to each other.

>> I'm Ashley. I'm preparedness section of public health Seattle King County. I'm primarily responsible for plans, which is -- response and alternate care facilities, which is the medical search, place to put folks who don't necessarily need hospital-level care, to make room for severely injured people.

>> I'm Mindy Matson and I'm with the City of Renton emergency management. We are a two-person shop in the city of Renton for emergency management, so we wear lots of different hats.

>> I'm Peggy Dawson. I'm an actress and supermodel.  
I'm kidding.

I work and I'm the residential program specialist and backup safety committee.

>> I'm Betty Clock. I'm from Pierce County, and I'm with Mount Tahoma Seventh Day Adventist church, where we service all different kinds of emergencies and individuals in needing care and emergency management.

>> My name is Regina Crowell. I'm with the City of Tukwila office of emergency management. We're also a two-person shop, so my main focus is public education and outreach, and then just about everything else.

>> Aaron. King County public health also. I'm a supermodel too. It's believable.

>> Don't steal my stuff.

>> I'm the medical reserve core coordinator. We're up to about 700 volunteers, made up of doctors, nurses, just general support, and actually we're running several missions helping homeless right now, doing foot care, things like that, out of the community, and we're trying to expand that.

>> My name is Jody Allen, and I work for first choice in home care. So I work with vulnerable populations.

>> I'll be brief. I'm Ryan Tory. I'm a University of Washington graduate, Bothell. I'm on the Developmental Disability Commission Council. And I also volunteer at the food bank, with Mike and those guys. So I know about homeless issues as well. So everything from provision issues to homeless needs, because I know all those issues, but I'm here just to learn -- not only learn more but to create like an active dialog to concrete long-term stable plan to be able to solve these huge issues that our policy makers often overlook. So that's what I'm here for.

>> I'm Phyllis Thompson. I work for developmental disabilities administration at Rainier School. I am supporting the person that is in the safety office and helping with the safety plan, which emergency management is a part of.

>> I'm Monica Kovaleski. I am a member of hero house, which is a clubhouse for people with mental illness.

>> I'm Lieutenant Peter Ubaldi. I deal with people with vulnerable -- I'm currently assigned to ladder 4, which is in Belltown. I'm a one-person shop, so it -- this job fell on to me about five years ago, and working with aging and disabilities, we have come up with recognizable populations, dealing with those vulnerable populations once they're identified, and so it's been extremely hard for the fire department in the sense of the sheer numbers of vulnerable patients that we see on a daily basis, because the fire department is the ones usually for the most part seeing them almost on a daily basis.

>> And I'm Karen Haney. I'm with Aging and Disability Services, which is part of the City of Seattle, although we serve all of King County, because we're the Area Agency on Aging. We serve about 10,000 clients per month through a variety of programs. Most of that is the in-home services that we help coordinate folks that are on Medicaid, either MPC or COPES program you might have heard of, and so we do the case management for those folks. I also oversee the family caregiver support network, which is in home services for unpaid caregivers, and Pete and I have been working on coordinating a response, helping train the EMTs, firefighters, to recognize abuse and neglect of vulnerable populations, and then coordinating a response on our end to try and get services into those folks.

>> I'm Greg Baden. I wear many hats. One of them is the Duvall Fire, which is the city of Duvall and the surrounding area of the county, I'm battalion chief for Duvall. I am no longer allowed to respond out in the field on emergencies because of hearing loss. I'm also the president of the Washington state chapter of the hearing loss association. Because of my unique experiences, my department has allowed me to pursue some projects, such as developing a curriculum and presenting training on emergency preparedness for people who are deaf and hard of hearing.

>> DEB COOK: All right. Well, this is really exciting, and it's great to have you all here, and you're going to -- as we've already said, you guys are all going to be together all day long, so hopefully you'll really get acquainted and be able to sort of interact and share with each other over the day. And we're sort of experimenting with our roles, so we'll get this down as we go too.

But we really want to basically be able to facilitate your conversation and help you share. We're going to be collecting notes as you go along, so if you see something go up onto the notes and it's not quite what you're thinking, it's okay to give us that feedback, or if you have something that you see that's missing that you think is a point that's been made, you can give us that feedback as well. And we'll try to be keeping track of that so that we can summarize that later in the day as we go on.

I think one of the challenges in thinking about preparedness is that it has, of course, many aspects, and one of them often is that we think about it after the

fact. Well, what could we have done? So in our scenario here with the snowstorm, we're in kind of a double place, thinking about being prepared. We're thinking about preparing for the next onslaught but also, you know, what have we done, what could we do, what should we do differently, in getting ourselves ready. And we're thinking about it in terms of both the issue of helping people with their personal preparedness, getting ready for some kind of an event, what do people need to be thinking about in their own world, and then also what do people who are associated with agencies or organizations, whether they are organizations that specifically serve people with disabilities or whether they are organizations that are emergency management organizations, how have you prepared and what help do you need. And as we're talking about these different issues today, I think it would be great to consider talking about what is working, what do you know that you have that maybe people don't know is there that they could be taking advantage of, what do you know of are the gaps, and what would help you to do a better job from your perspective. What do you need from other people who are in the room or people who are not in the room, so that as we're thinking about who's missing and who else needs to be as part of this.

So one of the first things that I thought might be good for us to do is to think about what do we know that we have as resources in the community already for preparedness.

We don't have anything in our community that's ready for preparedness?

>> We have hundreds of accessible vehicles and drivers willing to go out in the snow with the equipment necessary to be able to get around the city and the county.

>> DEB COOK: Mm-hmm.

And probably pretty good knowledge of the geography and where the bad hills are and --

>> Exactly. And a database that supports where we've taken people with disabilities and what service bite be in that area as well.

>> DEB COOK: Okay. Good.

>> I have a question. Are you guys -- who are you Yeah, it's actually -- they contract to first transit, who provides the dispatching services, and we have a complete database with people who have qualified eligible for para transit services. So, yeah, we have a pretty vast network. And bases in different areas of King County. So one in the north, one east, one south, and --

>> You're not like Metro, though. Your bus won't show up and say Metro on the side?

>> It will say Metro, but it looks more like an airport shuttle bus.

>> Okay.

>> In the City of Kirkland, I have lots of people who can support the region that are going to be in your communities and not mine during the time of the disaster, because I'm just figuring out that a vast population in city hall actually live quite a distance away. And if we're talking about a snowstorm, many of them are going to be home with that hot chocolate, and they're going to be in your community and not be able to get into mine.

>> DEB COOK: And you're wondering if it's going to be reciprocal? Is

everyone else's workers going to be maybe available to you?

>> For those of you who hear the desperation in my voice, I hope that's what you got out of it, because I'm -- well, the first time I set up my EOC, emergency operations center, the technology didn't work well, and I asked the -- I call him the tech dude. Well, will you always be here? And he goes, yeah, if the traffic's good. What day would the traffic be good? You know. And during a disaster.

>> Or it can even work remotely and operate with the same thing remotely.

>> Maybe. But he's in -- I'm in Kirkland, east side of Lake Washington. He's up in Everett, and he's my primary tech dude. So whoever is here from Everett, have I got a guy for you. And what can you trade me for him?

>> DEB COOK: Yeah.

>> And I think that's important for us to talk about. We just did Oso, and a whole lot of us went up there and supported -- I would love to know what your resources and capabilities are and where they live.

>> Because if they're in Kirkland they need to walk over and help, and I'll send you mine as well.

>> DEB COOK: So maybe one preparedness item that we need is definitely databases that tell you not only what people have but where they might be if they're not where they should be. Because they could have been commuting. They could have been trying to get there, or they -- like you said, they might have gone home -- it could have happened in the night, you know, depending on the kind of disaster we're talking about, people aren't necessarily where you expect -- not only are people with disabilities not where you expect them to be, but the people who are the first responders might not be, either.

>> I have a question on that. A lot of Seattle firefighters live in Kirkland. I'm amazed that we don't have resources to -- you know, like our plan for major disaster is to come to the city. That's not a great plan when --

>> Rowboat.

>> Yeah. But, you know, what I really noticed with my neighbors is they all know where the neighborhood fire station is. Usually people know that. But most people now think of communications is down, bridges are down, where are they going? They're letting local fire station. Guess where we're going to be? On emergency. We won't even be there. So, you know, I'm working with my department as well to say, you need to have like myself, I live three blocks from the fire station, to walk over to the fire station, I'm a paramedic, to set up an aid station, because if I can keep those people out of the hospital, see the other side of the picture, you can't jam pack the hospitals and they can't get there, anyway. That if I can at least treat them and release them to go home and stay where they're at.

>> The fire core volunteers in Kirkland will be at the center, and hopefully some of the King County folks that you have from medical core will be helping there. We'll take unsolicited volunteers at the very beginning, and then we'll start to hopefully send them to where their home base is as transportation permits them to get where they're going.

>> I'd suggest one of the things that you may want to consider if you haven't

already done it is setting up some memorandums of understanding between your agencies. And coming from an independent living center, I think one of the best resources you'll have when it comes to vulnerable populations in King County would be the alliance of people with disabilities, which is in Seattle. If you go into Snohomish County you'll be picking up on our north sound office, which is the center for independence, and in Pierce County it's the center for independence south Sound. I think the -- as far as resources go, the more you can build a relationship with your emergency operation centers and the other community organizations, the better. I think it's one of the things that's -- helps us stay strong in Pierce County. We have a fairly large EOC, which handled the search and rescue, housed their operations for what was set up.

>> DEB COOK: Thinking specifically about people with disabilities, what would -- as we think about personal preparedness and as we think about what is most likely to not be done by people in the population in general in terms of preparing themselves for some kind of an emergency, I guess there's probably some data about that, and I'd be curious to know what that might be. Like what is the most lacking thing in terms of people's personal preparedness, and how might we get people with disabilities at least all people with any, you know, disabilities or limitations who can do this for themselves or can orchestrate to do it or can have assistance to do things in advance to prepare. What are some of the gaps that are common in personal preparedness when disaster strikes? I know my personal ones but they might not be everybody else's.

>> Medications. Should have a month of medication on hand.

>> DEB COOK: That's a long time. Yeah.

>> It will be a long time before you get help.

>> DEB COOK: So one of the barriers that comes with that is that often if it's prescription medication, people aren't able to get the prescriptions if I would ahead of when they're due. I know I can't. I mean, I could go out and buy an extra month of my medications and I actually have, but I have that resource and I can, but lots of people cannot. So that's a challenge, that's one of the barriers that we might want to think about. That's a good one, though.

>> I think people in general plan for a couple of days but they don't plan for an extended period of time.

>> DEB COOK: Good point.

>> If they're on Medicaid they have to think outside the box, like you say, and if you want to get that coverage, what we've recommended is a lot of participants with disabilities is talk to your doctor, see if -- you know, explain to them that you're building a kit, contact the pharmaceutical companies themselves, let them know, and sometimes they'll provide medications to you as well. And talk to your pharmacist. It's just real difficult working with insurance companies, although some of them will work with you, you just have to explain what it is that you're doing.

>> There's a resource called Rx response.

>> DEB COOK: Ah.

>> The director is Aaron Mullin, and you can find that online. And it's a series of pharmacists, independent pharmacists around the United States, who

will agree to come in immediately during the response phase of a disaster and help open pharmacies and do pharmacy distribution. And --

>> I wouldn't tell anybody about that. Except for people in the group.

If you have the disaster -- I know about the strategic national stockpile too, they'll bring things in, but I don't tell anybody that I'm trying to get prepared to count on that. Just in case.

>> Well, this is a group of pharmacists, and this is on the Web. It's open information. During Katrina one of the difficulties they had were people breaking into pharmacies and vets' offices to take medication, because the pharmacists left, evacuated. And so this is just a -- it's like a volunteer search and rescue people or a volunteer of Red Cross people. These are people who are licensed to hand out drugs. And they professionally know how to do it, so they come into a community and are able to help with that. And they will come immediately. So it's just a nice resource. Hopefully we don't have to (inaudible).

>> In the area of personal preparedness, and thinking about communication and how people in their home during disaster will receive updates, how that will work will depend on the nature of their challenge or disability, but, you know, I rely on captions and texts when I watch the news. So how am I going to get that when the power is out? Individuals, are they going to have a network of neighbors who are going to come check on them and keep them informed? Do they have backup power supply for their cell phones so that he can get text updates from a regional network or RPIN? So -- or a weather radio if it's battery powered, people who are deaf, they have a display so they can read it. So educating people on the need for communication and updates during a disaster. And -- I think that's across all spectrums, but if someone's trapped in their own home during a disaster, having a network that will provide that assistance for them, that they can't do for themselves.

>> DAVID SHANNON: Can you explain what the RPIN is?

>> I actually don't know what it stands for, but R probably stands for regional, public information network. And so it's a service that -- local government agencies can participate in, and they can use it to post bulletins, broadcasts, updates, and then individuals would have to go sign up to get the ones that apply to their area. So it's kind of a -- if you want to hear regional things or local government bulletins, you can also have some choices as to how you receive that information.

>> You sign up for that?

>> Yeah.

>> King County has also a similar -- through emergency management that they go out to the neighborhoods and let people know that sign up for early alerts through -- I can't remember the name of it, but RPIN sounds like --

>> RPIN, as far as I know, is just a regional -- so, you know, if you look at the website you'll see many local government agencies have created accounts there so you can post information, and then our community members can log in and decide who they want updates from. So they work in Bellevue but they live out in my community, maybe they want to get alerts from Bellevue.

>> DEB COOK: How would they learn about it, though?



>> That's part of the problem. And that's true of any emergency communication or, as we heard this morning, with registries. You know, we have issues like -- opportunities to use programs like smart 911, which is a -- through the E911 system in King County, so I often hear from people who are deaf or have hearing loss, they're afraid to call 911 because they don't think it will work, they won't be able to hear their questions. So it's a service that's totally voluntary, where I can create an account in smart 911 and I can enter my communication preferences. I have great deal of trouble hearing on the telephone. And if you call on a phone that's registered, I register my cell phone or my home phone, a screen should pop up and say, I have an account in there. And so it will give my communication preferences. Or if I choose to enter any medical problems or access problems. So I'm diverging a little bit, but the point is, it requires users to go sign up. And so for RPIN or smart 911, it requires emergency planning and emergency response agencies, local governments, to champion these opportunities and let people know they exist. I think a fire department like ours you hand out a card anytime we see a vulnerable patient. Here, you can enter your information.

>> They probably provide floaters.

>> I've not explored it that way. Getting over the technical hurdles, but I'm waiting for them to cross that boundary.

>> DAVID SHANNON: My understanding is also, you know, different municipalities within the county have specific information sources that they send out, a code red, for example, comes to mind. I'm not sure, Mindy, what Renton's is.

>> Code Red.

>> DAVID SHANNON: And I'm not sure if there's -- I've seen different systems being used, but I know the regional RPIN is a nice broad spectrum for -- and you can really tailor that information as to road closures, weather warnings, so you're not getting inundated with a lot of texts and e-mail messages.

>> DEB COOK: So I'm still concerned about how people learn about this because I'm just learning about this. So my concern -- I guess one of the things that I would like to sort of have us talk a little bit about is how do we gather together the options and resources for people -- I mean, some things will have tickle I didn't built or whether it's by jurisdiction or by population type or by kind of thing you can get or react to or register with or whatever, but how do we help people figure this out? Because it -- I haven't heard anybody really say it's their job to sit down and go through a menu of preparedness options with anyone. And maybe there's someplace in that for some of us who are disability organizations to be thinking about, but we're not particularly skilled to do it or necessarily set up to do it. So how do we help people get prepared?

>>With just communications?

>> DEB COOK: With any part of this. So we've talked about helping people think about their medications, helping people think about their communication needs, helping -- so having access to information, having access to the supplies that they'll need for a long enough time. I mean, we're knowing that at sort of the base of things what we've heard are emergency folks say is

there's not going to be enough help for anyone when there's a big problem. And we've seen that in every kind of -- I mean, just because there's not. And that it goes longer than people expect it to go, that people think about two days, but they don't think about two weeks. They don't think about a month. And I sure know that's true. And so then we know that there's this baseline of things everyone needs to figure out and then we know there's sort of an additional layer of that for some people who will have a unique need, whether that's disability related or otherwise related, where they have to think about that. And how do we help people sequence that and figure that out and get the resources that they need so that they are as prepared as they can be with the supports that they will need in addition to what we do.

>> Well, I guess one idea, I guess, is for people who receive government services, some kind of assistance -- personal assistance services or independent living services through developmental disabilities administration or someone else, for those folks I know there is requirement for preparation for a fire drill. I don't know what kind of preparation is done or required at this point for -- in terms of other kinds of planning, whether or not people are given an opportunity to make a plan for what they have in personal assistance services in the event of a disaster, how that's going to play out. There is a place there in terms of what government's responsibility is where there could be some implementation. Another one is I guess, you know, a lot of -- for personal assistive services, a lot of people use services that are personal assistance service agency, often provided by the -- by personal assistants that are members of the SEIU, and SEIU goes through the training, there's an opportunity there to incorporate some kind of curriculum about assisting people in developing a plan. I mean, in coordination. There's some places there that could be -- you could have coordination.

>> DEB COOK: Okay. Good.

>> And there are MOUs with national personal care assistance in the event of a major disaster or emergency, to have people brought in from other parts of the country, because the inundation to --

>> DEB COOK: Yeah. Mm-hmm. What about people who are not connected to -- most -- the reality I think is that most people with disabilities are not connected -- I mean, they may be connected to some government services for financial assistance or whatever, but they may not be receiving any -- I know, for example, the couple thousand people my program serves every year, almost none of them are receiving any kind of personal support services. They're just older folks who have acquired some functional limitations with age. So how can -- can we think about developing or should we develop or do we have some kind of preparedness checklists that are comprehensive enough to really catch all these things that maybe as we are serving them we could kind of at least offer them that option to consider?

>> We're working with our peers in Pierce County, and whether I say that I mean aged disability resources specifically DSHS, and this is first time -- things really got rolling after Katrina, so it's been seven-plus years, and we're just now starting to make that connection, so it's just starting. But they have -- they have

contact with a lot more people than we do on a regular basis and there's a lot more of them, so we're trying to utilize some of that to get information out through them. And the emergency operations center is doing a lot of the same thing, by contacting them for our vulnerable populations, vulnerable populations workgroups. Do you have anything like that?

I don't think so.

And that's part of the urban area security initiative, so Snohomish, Pierce and King County fall under that jurisdiction. So a lot of -- a lot of those things will be happening region-wide.

>> We have one thing with the fire department that Terry and I helped develop was when firefighters go out, if they find a vulnerable person, they're supposed to report them to the state. That system does not work very well. We did a Web base. So now they can come back to the fire station, go on the Web, fill out a form, sends it in, that's a mandatory report. Karen gets a copy, I get a copy, so there's a paper trail. We're working right now with the County because they want to look at little small fragments of it. The fire department goes on a multitude of calls, so why not -- they're your eyes and ears. So maybe -- I hate to dump more on Karen, but like what I keep telling the County is you need that one single person that looks at it and goes, this is vulnerable, this just needs senior services, this is a 911 abuser, this goes to SPD. It could be like hey, how are you doing in emergency preparedness? Are you ready to be -- I mean, a week, a month without services? And, you know, I think it's funny. You talk about Seattle. I could tell you right now in Belltown, I mean, what about Method clinic. You know, methadone clinic. They're going there daily. So what are you going to do? You can call your pharmacist and say we book, make sure there's tons of methadone, but it's just one other issue. It's a vulnerable population. So we have a lot of the Seattle housing authority that have limited transportation, we're going to be calling you guys. We have a fleet of those down in Belltown. So -- and I don't know if that's another avenue where somebody just says, okay, well, here's somebody, that needs emergency preparedness information. Because right now what I see on my side, and it's probably not totally true because I only see a sliver of it, there's no communication between all the agencies. There's tons of agencies, it's just that I guess that's why we're here.

>> DEB COOK: Right.

>> But we need to all communicate because we need help, we're seeing a lot have it, then we send it to the hospitals and the hospitals just want to kick them back to us. So now we're just kicking it over to ADF.

>> So with respect to methadone treatment, actually, there is an opioid treatment provider memorandum of understanding. So that's for the ones that are -- that are Medicaid -- you know, that are -- not the private places where people are going for private care. These are the ones that you -- like a Airport Way, down by the DSHS office. And then right after Sandy in I think it was Atlanta county, they have an oval methadone center, so I've actually been talking to them out there and finding out what they did for continuity of care after the disasters, because we have this agreement in place, are there other things that we can do to make the system more robust. Because it's really not something

up the people going without.

>> DAVID SHANNON: I just want to take a moment and bring us back to the spirit of the scenario that was put forth to us. And so just as a remainder don't, we're four days in this major storm. There are power outages that have gone out. There is been a little bit after retrieve and expecting a new storm coming through. So my question out to the group is: In your role for your agency, what are you doing and how are you activating to prepare for that next storm coming through? What kind of things are you thinking about, who are you collaborating with to get information out, because you bring up a really good point. That communication is a key piece to that. But thinking about -- putting that question out, the next major storm is coming through. Where are you at with your agency either to provide services for your clients, to provide transportation. So I just pose that as a general question. If anyone wants to get us started out on that, just -- that would be great.

>> I am using tons of volunteers. We have a very robust cert team, and we've gone through 17 trainings in Kirkland, and there are primary community relations field officers. And we have and are in the process of expanding our generator program. The city of Kirkland has purchased generators. We have memo of understand with, say, Inglemoor Presbyterian church. We've placed a generator there. The CERT team, when they graduate, has a challenge to go find extension cords. That's what you do in the summer. You go to garage sales and collect extension cords, brings them back to the church so we help support the church with warming stations, cooling stations, for this scenario warming stations, and the CERT teams do a targeted approach around the community in good weather so in bad weather we know that someone who uses a wheelchair with a battery might be out of power and not capable of getting the wheelchair to the warming station, so our CERT teams would go to those homes that collect the battery, go go recharge it, and bring it back. So I'm using volunteers and I'm using prepositioned energy in the community, and this summer we're working on paralleling the old civil defense preparedness barrels, where you put lots of supplies in those barrels and preposition them in communities. So that's what we're starting to do.

>> Public health preparedness. We're talking to them, the northwest healthcare response network, to find out the status of the healthcare facilities to see which ones still need help recovering from the last spell, and which ones anticipated that might need assistance in the coming days of when a storm arrives. We're also doing a lot of communications through the community communication networks, cc N, to send information out to community-based organizations and different cultural groups, especially we'll be pushing a lot of information out around carbon monoxide to reduce those injuries and deaths, and doing a lot of talking around the transportation needs of folks who have regular medical appointments that they can't postpone, the dialysis, those sorts of things. They'll all be sliding down Capitol Hill to get to work.

>> DAVID SHANNON: What about comment from a community-based organization? Any reps here?

Anyone else?

>> David, I'll just toss out from the emergency management perspective. In a scenario like this I would guess that all of USCs would be activated and the county USCs would be activated, so there would be a great deal of coordination going on. We would be -- you know, have our call center activated and we would be handling resource requests as best we could, which is really the best definition I can give you for what happens in the EOC. We identify the needs, we're made aware of the needs, and then we do whatever we have to do to try and meet the needs. When we're unable to do that, we reach out to our neighboring jurisdictions and up to King County. We'd be working really hard with public health, we would be having, I'm sure, daily phone conversations -- conference calls with all emergency management people in the county to talk about where we're all at, and there I would guess would be a lot of resource sharing regionally going on, because for us just in a smaller scale event than this, way smaller than this, we have more than we can handle. We have people reaching out to us through social media saying I have no power and now my battery is out or I'm on oxygen and my delivery wasn't able to get to me, in addition to nonmedical needs, lots of those as well, plus are you coming to plow my roads, those kinds of things. So I just want to make sure you're aware that communication among governmental agencies is definitely going on as well as -- I mean, our human services person at this point is probably exhausted but has spent the last three days in our QFC coordinating with our departments as well as other human services managers in the area to get needs met. And cursing the weather. We'd be doing a lot of that as well.

>> And as a community-based organization, we'd be working directly with you and in our county to make sure that any of the resources that need to be allocated or go in the right direction, paying attention, of course, to any specific command systems and who we need to be talking to and not standard all over the place. One or more of us would be assigned if there was sheltering to functional assessment service team. So we would go into -- if there was shelter, then we would go into the shelters, general population shelters, and do some triage and make sure that people there can stay there and not be sent to medical shelters, making sure that people with disabilities have accommodations, that they need at any able to stay in those shelters as well. But one of the things we saw a lot during the mudslide was that trying to coordinate -- find the right people for the right void that was happening, especially in Darrington, where there was trouble getting things to people or trouble getting people to things. So that network is getting stronger, and that's one of the ways that we would work directly with the department of emergency management.

>> With your other thing to add. Our jurisdiction has a fairly robust community activations disaster, and they're a great network of people that are already providing human services and -- or at least know that they would have a role to step up when a disaster happens or our annual communities, and so they meet at least quarterly and have an action plan for how to get communication going, and we try not to bother them too much in peaceful times, but they have a representative that could also, so when we get those resource requests in and we're doing this we look to our representative and say say, you know, I believe a

health based organization that runs a daycare, they might be able to help us getting some cribs rounded up for a makeshift shelter that popped up or something to that effect.

>> I think with my agency, one of the things in this scenario, hopefully there would have been like some preventative work done ideally. People that are getting in-home services get a comprehensive assessment done by a case manager. You know, there should be discussion about who's your backup caregiver if your caregiver can't make it, or, you know, what are you going to do if you don't have power, what do you do when you're out of oxygen or those kinds of things, because we see folks that are at, you know, very different aspects on the continuum of disability and whether, and so hopefully that case manager has had some of that discussion with that person.

Also, you know, each case manager -- they have usually about 90 days that they see, and they should have kind of created a high-risk list, and so if you have an option to, you know, prepare, hopefully that case manager, you know, has that list updated and knows kind of who to target those phone calls to say, you know, we got this storm coming or, you know, when the second storm is coming, you know, how did you fare during that first round? Are you able to -- do you have food, do you have a caregiver? Do you have meds, do you have all those things. And obviously it's only a small portion of the population in King County, but hopefully we're reaching some of those.

One of the things that was interesting with -- from home care agency here, but one of the other home care agencies did kind of a colocation strategy, so they serve a big portion of Seattle but they actually were able to figure out, okay, these caregivers live over in this area and we've got these clients here, so it may not be the caregiver that's assigned to that person but that person can get over there and this one can get over here, and so they did that preventatively and were able to reach a lot more folks.

>> Nursing home networks for -- do you have an acronym? It sounds like it was -- it actually tracks the meds you have available within the county for WATRAK.

>> Yeah, the nursing homes, there's a long-term care memorandum of understanding for King and Pierce County, and we have them tracking for long-term care as well as for hospitals. And so that's a tool that we could use if there was a place that needed to evacuate. Need to evacuate because they were out of power or, you know, there's -- whatever other reasons. So that we can push them out to different facilities and whatnot, you know, the ones that we can't necessarily send home, and then there's also patient traffic plan to go along with that to make sure that we don't lose people. So that's --

>> The other piece that I just recently discovered was DSHS's emergency management coordinators recently did a talk for FEMA, and the State, through all of their licensing, has a whole state plotted. You can do -- you can sign up for it. And I haven't done that. But you can sign up and you can say where you're located within a so-many mile radius, it shows all the nursing homes and assisted living and any sorts of facilities that are licensed. So it gives you at least when you plot it, it's like, holy moly, there's a lot of people here. Because

unfortunately, when you -- like what Rachel is talking about, you have to sort of seek that out and want to actively be a part of it, and so a lot of people think, well, I know there's more people here but everybody's not really connected, and, you know, sort of going back to the original question of how do we get people involved, and it's hard to be involved when you don't know how to be involved. And so with the whole DSHS thing, the nice part is you have to be licensed. So at least on the licensed facilities it would be part of Sue's program.

>> It also includes dialysis providers, adult family home, and I think home care or home health. So there's the difference between home health and home care. (inaudible).

>> Do you have a plan on how you're going to move those patients? Or is that the fire department's responsibility?

>> They have --

>> We've been talking to your people, actually. Yeah, so Josh Pearson and also Aaron Tire man and chief header as well. Yeah.

>> DEB COOK: We have like two or three minutes left to kind of work this through, so we need to be thinking in terms of kind of wrapping it up, but I think a lot of good stuff that people have already started thinking about and some of this will come up again in some of the other sessions. Are there other things that we've not hit on at all that any of you feel are really things that need to be kind of captured and thought about being prepared and coordinating is what we're really talking about.

>> DAVID SHANNON: Think of that preparedness, your agency's preparedness.

>> Well, if I can go philosophical for just a moment and ask everyone here to be part of continuing to bang the drum loudly, or whatever method of communication gets through to funders and decision makers and stakeholders. There's so much work here to be done and there are so many things that we could be doing, and we just need to keep pushing to say this is important. I think every emergency management agency should have a full-time person that is just dedicated to doing this type of work, and, you know, these things inspire me and they excite me but they also depress me when I go home because there are so many things I wish we were doing better. So just to raw raw, let's keep this at the top of the list of things that we let people know it's important.

>> You mean like a full-time liaison, somebody that puts all of this information together?

>> The challenge I foresee is that communication is central. When things shut down, how do you restore communications? Effectively and efficiently, as quickly as possible, so we can get communication tools, high-tech up and running as soon as possible at the same time understanding different people's communication needs. Like in emergencies, like you can't communicate to a hard of peering differently versus someone who is blind. So you also got to think about how to appropriately address people's different disabilities at an appropriate level but at the same time emergency crisis situation it's even harder to restore the system. And I know cell phones are reliable because those go on backup power for cell towers. That's not a problem. The problem is how to

restore emergency systems as quickly as we can, emergency situation you're dealing with, natural disasters. Adequately mobilize quickly enough so that we can get things up and running for those populations. And then as far as homeless population, that's an even more crucial population that also gets overlooked, and my friend Rex, facing homelessness.org go there, he's really an advocate for people who are home I so go to that website and get with him because he is a good friend and advocate for homeless issues, and so is Mike Regis at Northwest Harvest, because he's in the emergency preparedness stuff too. And I want to do what I -- I'll do what I can to look to social media aspect of things, and I'd be happy to do more forms to the public if you need me to talk about any of this type of stuff. Just give me the material to talk about on, I can go around the public and do this often if you need me to. I'd be happy to coordinate with all of you to figure out a good long-term solution to give to our policy makers that really need to put a fire underneath their ass, because they're the ones that we elect, right? So -- forgive my language.

>> DEB COOK: Okay.

>> I would support policy bridges, both of those comments you made, that the -- in Katrina, one of the things that came after that storm was a mandate that we have an animal plan. Well, that's nice. Well, shouldn't there be a mandate that we have planning for people with disabilities? And that would hold -- we get money for things that are mandated, and so if policy said -- well, we get resources somehow. I mean, look at -- you all see what is urban -- urban area security initiative. We have vulnerable populations planners for there, but only if you're over a threshold of -- what is it, a hundred thousand people? Well, what about the two-person shops all over the station that are more likely? If there was something that came out of Olympia or something that came out of camp Washington or something that came out of FEMA that says it is mandatory that every plan address vulnerable populations in something like that.

>> DEB COOK: Well, I think that's kind of what Richard told us is the case in the sort of matrix of laws that there are, but, you know, I think that's -- the challenge is how to figure out how to get everyone engaged in really applying that. We're going to have to stop this particular session. You're going to be getting to Russell with some different parts of the thing during the rest of the day, but you get a little short break while we all switch, and then I'm not sure which this group is taking up next here, but you will get to work on this all day long, and thank you so much for meeting with us.

(A break was taken.)

**\*\* Shelter \*\***

>> DEBORAH WITMER: All right, let's get started. Let's get started.

I'm an old stage manager from profession years and years ago, and I like starting on time. Actors hated me but I didn't care.

So I hear you've talked about preparedness. That's awesome. You've gotten the conversation started. I'm really glad to hear that. We are going to talk now about sheltering. And I want to make sure that we talk about two different



types of sheltering today, and I'll take a minute and define them for you. Because there's two different ways that people shelter in emergencies. There's what we call sheltering in place, and that can mean your home, and for a lot of folks it will mean their home. But it can mean sheltering wherever you are when the emergency happens. For some people that might be in their school, it might be in their place of work, it could be at convention, it could be at the mall, it could be wherever it is you are when the disaster strikes and you are staying in that place. So we call that sheltering in place. And then there's sheltering or standing up emergency shelters, and that happens in a number of ways. Your city or county jurisdiction could set up shelters. When they're invited in, the Red Cross will come in. They don't just swoop in, they have to get invited in. They have come in and set up shelters. And there are other governmental organizations. If FEMA has to do a mass shelter, that might happen. But then you have sheltering that happens kind of on the fly in your neighborhood. So maybe the church across the street from you, which may be the only place that has power, will stand up a shelter. Whether they have the supplies and training to do that, who knows, but that is certainly the reality of what happens in sheltering.

>> So we're going to try today to talk about both things. And I'm going to ask us to start with talking about sheltering in place.

Because I think for the majority of the citizens in our jurisdictions, that's what's going to end up happening until the mega quake happens, and then we're mass' evacuating and sheltering somewhere else. We're talking about snow today. Let's not go all the way to the earthquake. So just to review, we have the four days of snow and this is our first clear day, and we're going to have three days to do something before we know it's going to hit again. So we're dealing with what's already happened and we're dealing with what's about to happen in this short window of time. And sheltering is obviously one of those really serious situations. So I'm curious, and, again, you all know each other and I've decided we don't have a lot of time, none of us really want to go down and do introductions every single time you get a new facilitator, so I'm going to trust you're getting to know each other a little bit and we'll go with this, but I'm interested particularly from the provider perspective and/or the people with disabilities who are in the room, on this day, when it's finally clear and you wake up, what do you need around sheltering? If you're sheltering in place in your home and you're going to stay there or you want to stay there, what is it that you need? And for service providers, you've got clients in their homes, in their living situations. What do you need in order to support them? Let's talk a little bit about sheltering in place. Who would like to start?

>> Food, water, electricity, backup power.

>> DEBORAH WITMER: Okay. How are we with sound?

We need to make sure we're really speaking up or I'll have to use the mike, if it's one in here. So food, water, electricity. Let's assume you have at least electricity. If you don't, probably you're out of there and are sheltering someplace else. So let's assume at least in your physical location you've got electricity. Food, water, what else might you need? And, again, we're focusing

on people with disabilities, which may or may not have all kinds of different access and functional needs. What are some of your needs?

>> You got the word out that it's there. The shelter is available.

>> DEBORAH WITMER: What about -- what if you want to stay in your home? That's okay, because we're going to talk about that too, but what if you are a service provider and your job is to support that? What do you need?

>> Make sure to work with home care agencies to make sure that they have access to supplies like durable medical equipment and things like that. If people need different types of tubes and filters and things as well as things for wound care and different types of toileting supplies.

>> DEBORAH WITMER: And have you figured out how you're going to get them to them?

>> No. We're working on that.

>> DEBORAH WITMER: Excellent. Who do you need to work on that with? With whom do you want to partner?

>> We actually meet on an annual basis with the different home care agencies. We meet with the different home care agencies annually, and then we also work with the vulnerable populations, operation workgroup that is hosting this, as well as the long -- we have a long-term care group as well that we work with to coordinate different efforts, to make sure that somehow people's needs are met with the sectors we work with.

>> DEBORAH WITMER: Okay. That sounds really good. You probably haven't had to test it too many times yet.

>> Not yet.

>> DEBORAH WITMER: So -- and you're from a provider or a government?

>> Nonprofit.

>> DEBORAH WITMER: Okay. So these are nonprofits who are taking the lead in making these connections. That's excellent. That's excellent.

What is missing? Where's the gap there? What haven't you been able to figure out?

>> The transportation part. Because everybody depends on the same transportation systems.

>> DEBORAH WITMER: Yup.

>> And the same abets.

>> DEBORAH WITMER: Yeah.

>> And whether or not, you know, people may need their medical supplies and everything. But are the companies going to be up and running, necessarily? Do they understand the urgency of the situation, are they going to have people working around the clock as well, so are we give don't to go and raid Wal-Mart or something?

>> DEBORAH WITMER: So there are some gaps that have been identified you're still working on.

>> Oh, yeah.

>> DEBORAH WITMER: Okay. Great.

What else? What else do you need to know or do you need in order to do

your job?

>> Well, our transportation system will be working for para transit and things of that nature, emergency services are usually -- that's our last line. We have plans in place to get the drivers Ed and actually they're working on getting the dispatching system working from remote locations, so that dispatches can sit at home, dispatch from home.

>> The problem with the remote locations is going to be ROL before that gets there, because there there be power lines down, you name it. So you'll probably have to invest in some other way of getting there, because the bus isn't going to make it there because there's just too much ice and snow and power lines and tree limbs and God knows what else, so it can take up to three weeks or more, depending on how severe the damage is in those rural parts for them to restore power. When I lived in Sammamish, we were able to at least power the ridge freighter and have gas heating, working on that part, but as far as restored electricity, it's going to take a while with down power lines, and your rural areas aren't going to have snowplows coming in to clear things out. So you got to think of an alternative way of getting there either by snowmobile or a little tech solution like a shred or toboggan or anything else that you can think of at your REI supply store.

>> DEBORAH WITMER: Later on after lunch John and Danielle are going to come in and have a nice long conversation with you guys about transportation, so you can start digging into those things.

>> That's your biggest problem, you have, you know, power outage, to meet people's needs, in those areas that are shut down because of environmental factors, you guys are going to have alternative ways of getting there, either by foot or by alternative vehicle.

>> DEBORAH WITMER: That's true. And we're going to -- I'm going to stop him only because we have 45 minutes and we have to talk about sheltering. So you are definitely going to drill down into the transportation in a little bit longer. But let's assume that -- let's -- I want to make sure that we cover the kind of the in-home sheltering -- or not in-home but sheltering in place situation. We've started to identify something that we -- as planners we know is a gap, and that's around personal care services in homes. And you're right, transportation is a big piece of that, is how are you going to get them there of the but I'm curious for agencies -- and this includes food service agencies who may be delivering meals on wheels or making weekly food deliveries. Have the agencies started to think about your staffing plans and your alternative delivery plans for how you're going to continue service delivery in an extended event, where you have all kinds of barriers in your way? What kind of work has been done in you feel? Or what kind of work do you need to do?

>> We have organizations -- or anybody else here from the -- I hate to speak to this, since I've only been to two meetings, but there's -- there's actually some plans in place that have been adopted to look at organizations in their preparedness and what they're going to do before, during and after.

>> DEBORAH WITMER: So that's on the planning side. So the emergency professionals have some plans in place to work with you. Isn't that lovely. And I

don't mean to be facetious, but we're '60 here with service providers with limited time, limited resources and limited expertise in their agencies, who are now going, oh, I didn't think about that. Okay, now we've got this problem. What, to happen next? They have plans in place to help. Do you guys know what they are?

Who's our service providers in the room? We have to have a couple. Please. Okay.

Service providers. Meals on wheels, food service, personal care services. If you're a nonprofit organization that provides services to community members. Who is in the room? A couple of you.

Okay, at least a couple of you. Do you know what their plans are? Have you been briefed and been part of this?

>> As far as I know, no.

>> DEBORAH WITMER: So we have some coordination and communication that needs to happen. So if you're a service provider within your jurisdiction, talk to your -- if you're not the person that does it, although hopefully you are since you're sitting in the room, have you made contact with these folks? Have you talked to them? Do you know that they have -- this group has plans, and have they coordinated them with you?

>> Do I now.

>> DEBORAH WITMER: Yeah. And they're sitting here in the room so you can get his card and figure out how to connect this them. Awesome.

I think one of the gaps that we have definitely it systemwide is those personal care services and those needs for people who want to stay sheltering in place who may need food, who may need medical equipment, durable, expendable supplies, and how are we going to fulfill that. The government can't do it. I'm just going to be honest. And I don't work for the government but I know they can't do it. They can't respond to everything. So service organizations are going to have to be prepared to be part of that response. And that means having plans in place to be able to fill those gaps. And that's hard. That's very hard. This is what today is for, for you guys to start talking to each other.

Let's -- it sounds like there's some energy around sheltering. Let's talk about emergency shelters. Who here would be involved in standing up an emergency shelter of some kind?

Okay. That's great. Are they accessible and how are you feeling around the accessibility of your shelters? What's your challenge around that?

>> There's a couple of issues. I stated before, none of us are exactly where we would like to be but we're doing the best we can. I feel like we have one that is accessible. Staffing is a huge issue for us. And we're just like everybody else, we partner with the Red Cross, but the bottom line is when you're into an event where you're seven days in and you've had shelter stood up, we don't have city staff or a mechanism in place to, you know, just in time train volunteers and things like that. So that one keeps me up at night. The other thing that we've encountered in the past is pop-up shelters, which is we say, "Okay, the city in coordination with Red Cross is opening up one, and we can accommodate this many people and we have plans and we have supplies already in place, and

then a local church decides or a community center for a senior living facility decides they're going to -- and they're good for a difficult did a or two and then our phone rings, we've got all these people here, we've got medical needs, and those are pop-up. We know they're going to happen. We don't necessarily know where. And it puts us in a difficult situation to support the shelter that we are standing up and then trying to accommodate all these other people and/or move them to our shelter so that we can take care of everybody at one point.

>> DEBORAH WITMER: What else?

>> Logistics for getting the equipment to the shelters that will be of benefit to people with access to functional needs. So the planning portion of that is getting the trailers that will be deployed to shelters having Hoyer lifts and durable medical equipment, assistive technology.

>> DEBORAH WITMER: Are there resources to help with that? Any of you have anything that you're able to bring to the table?

So you're not blessed with someone from Pierce County, I'll play Sheri Badger for about two seconds here. There is a facet program. I know now I'm not going to be able to remember. Functional assessment services team. They -- they're up and running in Pierce County and they're being trained I know in a couple of others, I believe, and they are volunteers in professional subject matter experts so people who have expertise in accessing functional needs, who go into shelters to do those assessments and then help to find those resources.

>> So they have interpreters that they can call, they have sources for durable medical equipment, they are able to assist in assessing someone's needs as to whether that is an appropriate place for them to shelter. So facet teams can be a great resource, and if you don't have one in your community, advocate for it. It often happens from the bottom up when people start yelling and screaming, we're going to need this. And fast programs are -- they're wonderful to be trained. You can go down and take the training in Pierce County and don't have to volunteer with them. You'll have that knowledge then when one stands up in your own community. Sheri is a great resource. She's here as one of the cohorts, so track her down if you're interested in the fast program. That can really help with those kinds of issues when shelters are confronted by situations or barriers which they don't have the resources to overcome. So that's one community resource that can be out there.

>> That's where it came from, actually.

>> DEBORAH WITMER: Wonderful. They've modeled theirs after a California program that I believe Richard was involved in. I don't I don't know why I keep calling him Kevin. So what other kinds of things are we -- situations are we dealing with with sheltering? Emergency shelters.

>> Accessibility.

>> DEBORAH WITMER: Can you say a little bit more about that?

>> Communications, need the interpreters, backup for the interpreters, like Richard mentioned earlier today, having backup for everything, and redundancy. Being able to get in the shelters. Being able to communicate with people which are in the shelters, also being able to have the accommodations that you need to stay in the shelters.

>> DEBORAH WITMER: Okay.  
What else?

>> Making sure that you have that access to your service animal, that that's something you can use in the shelter.

>> The OOC is letting the fire departments know where the shelters are. We don't know where they are, we don't know where to direct people to.

>> DEBORAH WITMER: Interesting. And just so you know, EOC is emergency operation center. Does everybody know who that is? Anybody who needs a little clarification? An emergency operation center is a room, basically, that is set up in almost every jurisdiction has one, and first responders and planners and community responders come in there to coordinate situational awareness, trying to figure out what's going on, getting information, coordinating that, and then coordinating letter resource that are needed to employ out in the community. They're not the people to fight the fires. They're the ones that make sure the firefighters have what they need in order to do their job. Is that's what an EOC is. And I think information is a big -- a big piece about that.

I'm curious as to how connected nonprofit groups feel and service providers feel to their EOCs and their emergency responders. Is there a connection there that you're feeling? How are you working with them? Or are you working with them?

>> We used to be part of public health, and then we became a nonprofit the first of this year, so we were already government so it was already easier to establish those relationships into you must be from the health response network.

>> Yes.

>> I haven't heard this mentioned, but I do know that many schools have an elaborate pop-up emergency system. They have the portable toilets, they have tents, a lot of tents, they have water, they have food, they have bins of medical supplies. Now, not all schools, of course, have these, but some schools do, so maybe it -- you know, any organization might want to go into a school and -- in fact, the school in Kirkland, Rose Hill Elementary, they have the most outstanding emergency shelter or pop-up shelter. They have everything from toilet paper, anything you can think of there. So in that kind of -- I didn't know if you knew that. Oh, you did know -- have you seen their room? It's amazing. I don't know if every school has that, but -- that's a resource.

>> DEBORAH WITMER: It is. I hate to play devil's advocate, but I sure hope they're accessible.

>> I think every community needs exactly what Sheri Badger does in their community, at least King, Snohomish County as well. To expand on what's being done down there, because what we're finding is we getting together with our community partners and whether it be a high-risk population, planning meeting or a functional assessment service team's training is that there's a lot of gaps. And as much as we're -- we've been working on that for a year and a half, two years, it's -- we're still not really there yet, so we haven't even started, could really use something like that in Snohomish county as well.

>> DEBORAH WITMER: I would agree.

>> Are we talking about fast? When you say we should model Sheri's --

>> Yeah, that's probably going to happen. You know, they're trying to expand that program throughout the state. But the other piece is when you have questions, just like you raised about what could be a shelter, what's going to be a shelter. If you're attending regular vulnerable population's planning meetings, you're going to know those things and you're going to know exactly who to go to to get the answers. So it's not scattered all over the county if you're trying to get information here, trying to get information there. Somebody that you know has probably talked about that. If they don't know it, they'll probably know who does.

>> DEBORAH WITMER: Please.

>> This is a question to the group. Do you see the challenges -- you can set up a school, school in West Seattle does not have any of that. We gave them supplies one day when we went to do a talk. But the thing is how do you stand up all these systems, the shelters and transportation and medical supplies and tents, and they're not used. Are we looking at other systems, like my -- the whole focus is always you have to have multiuse or even like our station, would he have supplies. You go to the supply closet to get EMS supplies, do we just store more? We do have a box sitting over in the garage, I'm sure nobody's inventoried it in years, but why don't we just store more. Or equipment, you know. We have a mobile ambulance bus. It's one vehicle. We can move so many patients and that's it. We seem to be very reactionary. We're not very proactive. Like we heard you say, got to beat the drum, and I totally agree with you. Because we have one vehicle. Nobody talked about the military. We brought the military in. Wants the use their ambulances in the snow. I want to say it was like '96 or something like that. But, you know, working with the community partners, hopefully members are going to the operations centers to have communication to let us know where the stuff is. But are people talking about that in other jurisdictions?

>> We just now in the EOC in Pierce County started having the military involved, and I think it's a great idea. I don't know why it hasn't been done sooner, but I think there had to be some agreements between the federal government and the local government. But it's happening now. So it's good to know. When you actually take a set of command systems training you learn about using very plain language is that everybody can communicate, try and push the acronyms aside, and get along that way. And I think that it's nice whenever your EOC's as much as your Takes structure in every county can actually help get nonprofit organizations and nongovernment organizations in to get some of that training, it's very beneficial.

>> There are -- we have done a couple of exercises with Joint Base Lewis McChord, and I think one of the things that was probably stretching them was until a year and a half ago the 47th combat hospital was deployed, actually, and was one of the last things to come back. So that was probably one of the things that -- you know, they weren't able to be an asset otherwise. And then also is that interaction and cross communication of like we're civilians. What do we know. So we've gotten past some of that, but there's still a lot of work to be done there.

And then even then, that was federal -- those are federal assets. And you can't just say, well, you know what? We need a field hospital. Somebody else has to say that it's okay, because it belongs to the DOD.

>> To your question, what are we doing about stores and how do we store more. Rose Hill has a great storage facility. We've got Costco right around the corner. One of the things during that sheltering phase is if I know there are pop-up shelters or several shelters working, I need to know where I can go scavage so if we're not using Rose Hill, can I bring it over to market and use it there. So I need to have some inventory of those things. And I'm only on month three in my job, so I can tell you about something that we've begun talking to the boys and girls club about and haven't gotten any farther than that. I love the history of emergency management and civil defense, where they had those big old barrels in basements and they said, everybody come on in and we've got barrels for you. And we got away from that system and went to personal preparedness. But if we work with vulnerable populations, we know that if I use food stamps and I can hardly make it through the month without going to the food bank three days, three ways, isn't going to work. So I'm okay, and we're looking at a hybrid of civil defense and personal preparedness with rain barrels. That's where we're -- that's as far as we've gotten. We want to take rain barrels and put supplies in them, primarily food and liquids, and have them in a place, whether it's a room like Rose Hill or make them into tables around the area. And we want to start a rotation. So if we know that there's food insecurity in the summer at the boys and girls club and they make up for the school system shutdown, then could they utilize that during the summer for supplement and then we connect them with a service agency that does that kind of work. Do the Mason or through the Kiwanis or would a church refill those barrels every year in the summer, you know, would they refill them in the fall, when school starts up again? And then could we do that cycle every year. We're looking at it. So ask me next year. But we're looking at -- we just don't want to store things and then 20 years from now go, I wonder if these is all teens are still good, you know. We want to use it for the people who need constant access to it, but have it available at other times. So that's what we're looking at.

>> May I respond to you on that one? Because in Tukwila, where I think that that's a really great idea, it could potentially never work in Tukwila because of our diversity. A good portion of our folks wouldn't even eat is all teens. So we would then be met with what type of a food would we put in that would work for our population. So it's just one of those things to consider, because we've talked about it. Because, you know, 90 percent or so of our population is low income in Tukwila, you know. I mean, 95 percent of our kids qualify for free or reduced lunch. So we've had the conversation about what do you stockpile and be able to have access to when you need it, you know, when something happens, and the food conversation is just I think one of the most difficult that we've had. And then where do you place it.

>> I agree with the food issue. Because everybody's got dietary needs and specifics. I won't speak specifically, but the thing with the food is you guys need food that fits population's dietary food needs but at the same time what types of



foods can be stored for a period of time without spoilage and stuff like that too. So how do we stick with the food where it's needed the most, given that, you know, we can't predict future events. Do better with communicating or just do food in general. To fit the specific needs for a certain population so that we don't risk spoilage of the food in general, but the hard part is how to understand people's dietary needs, whether they're diabetic or whatever else. That's probably the hardest thing about food storage, is how to possibly -- what is needed. The populations that we're serving, what their needs are. That's my theory with storing it in the food bank.

>> DEBORAH WITMER: Does it -- is working with the food providers in your local jurisdiction able to help with any of those barriers?

>> Mm-hmm. Yeah, we -- we've actually started using liaisons in Tukwila, so so far they're more culturally based. Quite a few of those folks, while they may not have disabilities or they may, but they have those access and functional needs. And so we -- we started within the school district and now we've expanded and we've started using -- we've partnered with global to local. I don't know if you've heard of them. But we hired some contract liaisons to help us start making some connections with leaders in these different cultural groups to help us, you know, the best that we can -- this is new for us, but, you know, what can we feed you if you're in our shelter and what can we not, and what's culturally acceptable in the shelter and what's not. So there were a lot of things that came up in those conversations, like, you know, me not being able to be in some of those conversations because I was female. So there were a lot of things -- there's a lot of value in that so -- beyond food, you know, the cultural groups are definitely part of this conversation.

>> DEBORAH WITMER: I think that's absolutely right. It also -- within sheltering, then you start to get competing interests, because you have the service animals, you have service dogs, who have every right and are by law in the shelter, in the general population shelter, but if you have a cultural group who don't want to have contact with dogs, and that's a reality, you don't move the dog. You don't move the -- I mean, there's protocols and there's ways to deal with those issues, but those are some of the conflicts that come up in shelters that you have to deal with as service providers. How do you reconcile different needs of different populations within the shelter?

>> Then also speaking of different cultures, there's different language access needs, and, you know, as diverse as the population.

>> I can attest to that, because we'll give out cooking oil, and people didn't know what cooking oil was. And different language. So somebody says like yell or something like that, and then all of a sudden we had the kid keep getting cooking oil. So part of it is just how do we distribute different ways of certain words of everyday supplies everybody needs in different languages so that they know what they're getting and understand it, so we don't have to keep worrying about language barrier, like a user guide cheat sheet when it comes to certain products and services for different languages, not just for websites and my need long-term solutions before the power goes out. And see another little quirky thing to work out. I know northwest harvest, for example, is set up for different

languages on the website, so it's like how do you coordinate the language barrier, disability, at the same time dietary needs, and it's like how do you not only provide that but how do you facilitate that at the same time, even with dogs -- certain dogs require certain dog food. So it's like how do you adequately provide the dog food or cat food.

>> DEBORAH WITMER: It gets complicated.

Let's see. This gentleman and this lady.

>> I got a quick question. At what point -- I mean, we're all here to talk about each -- you know, you look at the functional access. At what point are we disabling us as a shelter altogether? Because you're like I can't provide dog food, I can't provide this certain language, I can't provide this. You know what, we're just going to stop. As a fire department, it's amazing. People are like, well, do you have fliers for the deaf? We don't. Do we have -- I have worked multiple times with pen and paper, like -- and they're usually really good with dealing with us than us dealing with them, because we have so many populations. Rainier Valley is one of the most diverse zip codes in the nation. Do we have fliers for everybody? No. We do not. I wish we got more into technology. We have a language line. I've used the language line. It's like veterinary medicine. Your chest hurts? Okay, great. We're going this way. But at what point does it just disable the whole system because we can't provide for everybody. I mean, we need to have a basic system.

>> I don't think it disables the whole system but I think people adjust.

>> Right.

>> People are remarkably for giving, really. Like if I -- I did outreach for three years with the city of Renton and I worked a lot with the Somali community, Latino and Indian and Seek as well. And there are things -- they're willing to adjust. And they understand that there are different cultures and that they might need to be okay with the fact that there's a deaf person who has a dog or something like that. I can zoo he that they would be able to adjust to that.

One thing that actually the City of Seattle did was they had liaisons from the different cultural communities. They trained them in disaster preparedness, so elders or people who were leaders, they trained them in disaster preparedness, and then had them go back to their communities to talk about it. So -- which is really interesting to stand in a room and explain turning off the gas to a group of Chinese elders and then a group of Somali elders, and then hear the translation back and forth. It was fascinating. So I think it's worked relatively well, which is something we also did with the Ethiopian family in Fremont, the fire, so they did that as well. But people are remark -- I think when everything goes to hell, people are remarkably for giving.

>> DEBORAH WITMER: I think -- those of us who are disability advocates, one of the favorite things that I like to say particularly is we're not needy, we're a resource. As someone with a mobility disability, I face barriers every single day of my life and I have to be creative about how I deal with them. That gives me a tool set that people without a disability don't have. I know every route in the city of Seattle, who you to get up a hill without climbing it H building is open, which one's got an elevator, what's got an escalator. Very few people -- there's actually

a map out there if you need to know it. But most people don't know that. I mean, those of us who deal with disabilities every day of our lives are incredibly resourceful. That's why we make good planning partners. Because we can come to the table with answers and with resources of how we deal with it. And that helps. That helps to inform the work that you do and it helps us to learn as well. So I'm really glad you said that, because I think that it's true for cultural groups and it's true for people with disabilities as well. That we -- it's not that we need you to do something for us, necessarily, it's that we need to be your partner. And I think a lot of us, that's the approach that we're taking to this. But it is incredibly difficult, and I have not ever heard it put in that way before, that at what point does it harm the system. Does it disable the system. And that's a very -- that's an excellent question. There is no real answer to but I think we need to think about, as we're in our conversations, expectations is a big barrier. The public expects of emergency responders and what emergency responders expects of the public are out here right now. We're nowhere near close to each other, I don't think. At least from my experience in listening to both sides. And I think it's great -- these conversations are starting to bring us closer to knowing what the expectation is and what the reality is on both sides.

>> I think it's important to remember that we've distinguished between the -- people with functional access -- the people with disabilities in a community and then there's the cultural people, you know, who speak different languages other than English and are from, you know, North America or whatever but that there are crossovers in those two cultural groups, and because they are cultural groups, and so you won't find, necessarily, say, someone who is Sudanese and deaf in the regular deaf and hard-of-hearing community. And so those are things that we don't necessarily think about, and, oh, I hadn't thought about the fact that not only does this person have COPD and is on dialysis but there's also a language barrier here, and how do I get work with them and their caregiver. So it becomes a complete.

>> DEBORAH WITMER: That's a great point.

>> And when I plan for a shelter, I always leave three or four spaces open for the stuff I don't know that's going to emerge from the community. And I just -- and you do this as a fire department. We all do this. It's -- that never even dawned on me. Have I got a room for you. And -- because I was invited to a webinar for transgendered people and shelters. And I went, well, dang. I never even thought about that. And I'm not surprised that I never thought about it, because there's a whole list of, you know, other, that category, and I'm willing to learn and adapt, and somebody said, well go, legally I am this and I'm that, and I'm not a pervert, I am a person in a dress who uses the men's room. Okay. Until there's a problem, there's not a problem for me, and here is a space for, you know -- for you if necessary, and if I need to use it for a language person, well, then, I'll ask you to scoot over and we'll do it there, and I have a friend who has a child with autism, who said, and you need a quiet space. We went, ah, a quiet room too. Okay. So I'm thinking, okay, three rooms. So when I think of that school, it's like this space, that space, that space, and then here's for the stuff I don't know. Because I'm sure I'll use it. Disaster always surprises me, with who

emerges. That will be a good lesson learned. You write that down.

>> DEBORAH WITMER: Well, we're almost out of time. Boy, this 45 minutes just goes by so quickly. Anything -- and obviously you guys -- we're going to have lunch, but you're all getting don't together for the other things you're going to talk about, transportation, I think, have you talked about preparedness already? Did I remember that right? Okay. So you've got more to talk about and more ways for you guys to connect to each other, but hopefully some of this is starting to fall into some places and you're starting to see some people that you need to work with and -- but is there anything else anybody needs to say before we go off to lunch?

All right. I appreciate your attention, and good -- I hope the conversations for the rest of the day go just as well or even better. Thank you.  
[lunch]

## **\*\* TRANSPORTATION \*\***

>> DANIELLE BAILEY: Thanks for coming back after lunch. Hopefully lunch was good and you guys are going to have more energy to go into these next two sessions. This one we're going to specifically talking about transportation. So emergency management transportation and how we're supporting individuals with disabilities access and functional needs and the scenarios that we set up before. So just to kind of refresh the scenario, we have mass accumulation of snow, freezing temperatures, power lines are down, and this is the fourth day. So we have individuals who may be stuck in their homes and who may have significant needs.

Before we start, I'd like to see from you twice. I know you're more well acquainted with each other, but just to get a show of hands who is representing disability agencies or individuals, community based organizations.

Okay. And then who is from emergency management?

Okay. First responders?

Okay. So we have a good mix. Great.

And then I'll introduce -- or I'll let John introduce himself.

>> JOHN ROCHFORD: John Rochford. I'm with King County Metro, specifically with access transportation, so it's our door-to-door transportation for elderly and disabled people. I've gotten involved with this group in terms of from the Green riser disaster, so the Howard Hansen dam, which that was going to possibly inundate the valley. It gave us a wake-up call that we had to with why with the community and identifying the people that we might be transporting during that kind of an episode.

So after that I kind of got hooked into disaster planning, and so I'm interested here today to talk about transportation specifically and how we can work together to leverage some scarce resources, which during a time like this will be part of what we're after.

>> Hi. I'm John Morrison Winters. I work with the King County mobility coalition. It's a group of transportation providers, and social service agencies, and others in King County who are interested in transportation issues, particularly as it relates to accessibility. So I'm the mobility manager for King

County, and that's a position that's housed in Hope link. So some of you may know of Hope link, our other services, our other transportation services, but my role is to work with the coalition and to coordinate together to improve transportation services. So and I'm pleased to be your note taker today.

>> DANIELLE BAILEY: And then my name Danielle Bailey, and I'm with FEMA Region 10 disability integration specialist. My role is to work with FEMA to work with to make sure all FEMA programs are presented accessively the programs and where they're delivered. So that's a lot of the work I do in emergency disaster state. And a steady state is really doing kind of things like this. It's doing community edge engagement, working with disability agencies, organizations, and emergency management, and trying to build those partnerships.

So moving forward with transportation, do you guys just want to kind of throw out based on this scenario and from your perspective fields, what are kind of the biggest concerns with this scenario in transportation? And if you have potential resources or things that you may have used in something similar to that, go ahead and throw that out as well.

>> Snow removal.

>> JOHN ROCHFORD: That hasn't come up in the first two.

>> So who would you find out from about what roads are cleared, and what roads are not?

>> JOHN ROCHFORD: Okay. So getting -- identifying the blockages and trying to figure out how we can get priority to that. Okay.

>> I've seen with some of the disabled folks is that you're transporting the patient but now they have a very heavy motorized wheelchair that can't go in the ambulance, so how do we contact -- you know, we usually will call Metro but you need a vehicle to come now in the snow, they're going to come get a wheelchair? Probably highly doubt it.

>> JOHN ROCHFORD: I'll make a deal. I remember once in Kent where we were able to get somebody to the base of the Kent Hill coming home from a medical facility, but we couldn't get him up the rest of the way, so I'll call you to take the person and then we'll bring the chair tomorrow.

>> Yeah.

>> JOHN ROCHFORD: Other emergency needs?

>> Moving folks to medical appointments like dialysis.

>> JOHN ROCHFORD: Yeah. Absolutely.

This is day four in this scenario, so people have been kind of landlocked at home, so what do you think are some of the needs they're going to have in the next three days before the next storm hits?

>> There will be people who have let issues and conditions go because they couldn't get out and so they will be at a point where they have to have emergency transport, and if we plow how much of the roads now? I don't remember what it exactly is, we're going to need to have to dispatch plows to get to places in order to -- so we can get people out in some situations.

>> JOHN ROCHFORD: Okay.

>> We have the 4 by 4 group too, right? Pierce County? I don't know if

that -- if it would help at all.

>> I think King County has one too.

>> With two feet of snow that's probably not going to work.

>> The 4-by-4 group is a volunteers.

>> Right.

>> JOHN ROCHFORD: Okay. Yeah, there's some.-up medical needs?

What about supplies? What kind of things do you think people are going to need in their homes?

>> Medication.

>> JOHN ROCHFORD: Medications?

>> Oxygen.

>> JOHN ROCHFORD: Oxygen?

>> Little caregivers who might not be in the area.

>> JOHN ROCHFORD: Yeah. Getting their caregivers to them. Okay.

So under this scenario, all of us are going to be kind of pushed in terms of what we have available. For King County Metro, what we talk about during severe weather is that we retrenched back. In years before, what we kept trying to do was send out another row of buses to the front, and they would all get stuck and we couldn't return back to home and such. So about four years ago we decided to get a little smarter about it, and we created the emergency services neck. So we work with all the municipalities about the routes that are going to be plowed and tell the public what we can deliver. So we don't try to do everything, we try to say this is the core kind of stuff that we can do. And for access, it means that we're probably pulling back to life-sustaining medical, getting people to those dialysis appointments or somebody brought up before people who are on methadone treatments and things like that that need to get their medicines. So we try to prioritize those things. So now I think we're trying to think through what are the other resources that are here in the room, because we may not be able to respond to all of that. So within residential facilities, within employment centers and such, what are some of the other things that we can talk about. The 4-by-4s, the club, is a good example of a local resource we can come up with. What else do we have at our disposal?

>> We talked to our participants about who are living in the community in their homes or apartments, about getting supplies to them in the event. That last ice storm, we had in Pierce County where the power was down for a long period of time, and transportation was tight, and people couldn't get out to get the things they normally would. It was sometimes -- some places up to seven, eight days. So we were -- we've been working with them to try and figure out ways to be able to at least get groceries and things like that out to them.

>> JOHN ROCHFORD: So like if you're in a fire department, what's the expectation of your own employees of getting to work?

>> It's amazing. You're expected to come to work, period. I think one ice -- snowstorm like '96 it was really bad, we had one employee out of 210 that didn't come to work. So for the most part we will hold people, but some of the things that you talk about, like in this disaster, which I haven't really heard -- I heard it giving care providers out to plays, but what about the care providers that are

stuck with the patient that want to be go home to make sure their family is okay. I know LA has a big earthquake thing where once enough firefighters come to work they relieve the on about duty people to go home. Because I have a wife request kid. I'm not going to leave my kid all alone.

>> DANIELLE BAILEY: What do some of the agencies out there that you've done around that -- around employee training, any type of, you know, because you can do individual preparedness training for the people that you support, but what about for your employees? Is that talked about in some of the work that you've done?

>> I'm with the preparedness -- we're required to have some sort of plan that allows us to come to work, and then we've mapped where the employees in our section live. There are a few of us who can get to work no matter what. I can walk to work. There couple others. And we've identified areas in different parts of the county where our staff -- if they can get to those places they can work out of there, and we can connect remotely so we can still get our work done in the emergency management even if we're not all in the same room.

>> JOHN ROCHFORD: Carrie, how about for your staff? Had.

>> Yeah, we've identified people who can make it into work no matter what. We also have smaller vehicles that are equipped with studs so we can go pick people up and take them home. We also provide transportation for the dispatch office downtown so we can get that working. And I believe with the new upgrade with trapeze that we're working with getting people connected via -- provided they have a power source.

>> DANIELLE BAILEY: What is trapeze.

>> It's the dispatching system for -- which we would work with.

>> JOHN ROCHFORD: So at solid ground there's other departments that have other workers and after four days would there be an effort to get them in?

>> Not --

>> JOHN ROCHFORD: Their own departments?

>> It depends on what program they're with.

>> JOHN ROCHFORD: So like the shelter.

>> Yeah. Yeah. There's been some confusion of whether solid ground would actually be a shelter, the main head quarts, but we are trying to work on plans to get people in for an emergency service.

>> JOHN ROCHFORD: Does anybody else have expectations for their staff to come?

>> We have expectations for our staff to stay. We have a Cy text box, one of those large shipping containers, outside of city hall, and it's got backpacks and really icky freeze-dried food, and water, and cots and sleeping bags and blankets, and we have a shower area and we have a generator. So our expectation is for snowstorms don't go home.

>> JOHN ROCHFORD: Wow. What city are you with?

>> Kirkland.

>> I'm with the northwest healthcare response network, and we are able either to get to work or work remotely from home. I can walk to work if I need to. And then also we can stay there if we need to, and we're all kind of -- we all have

our own disaster kits and whatnot, so we -- and we also -- home wood suites is right next door so we're thinking about getting an MOU with them, and they have kitchen et cetera so we could stay there if we had to.

>> JOHN ROCHFORD: Our call center does the same thing. They've got some rates with some downtown hotels that they can keep dispatches overnight and other essential people.

How about those of you who have caregivers? Do you have any way of leveraging their assistance and making sure they're coming in?

>> I work at a facility that supports 250 intellectually disabled adults. We employ about 600 people. So we have cottages that we convert into -- when we know a storm's coming, we prayer for it, and we have a kitchen that prepares food for everybody and that sort of thing. So the staff -- often staff prefers that if they are going to have a difficult time to get home, particularly if somebody else is at home, if their kids are -- they don't have family that they have to worry about, then they will just stay a campus. Work a shift, sleep a shift, work a shift, sleep a shift. So we have a core group of people that will do that.

>> DANIELLE BAILEY: I wanted to go back to your initial comment about transportation, and so if folks are being evacuated or maybe you have to transport them -- provide -- transport them in the case of an emergency or whatever is happening and you're not able to take their adaptive equipment with them or their -- whether maybe they have a big heavy power wheelchair and they don't have a manual chair, what do you guys think about that, or what are some resources -- so if that's the last-case scenario and that has to happen, what are some resources to wherever that person is going to?

>> I've not heard this mentioned in any meetings I've been to like this, but school districts have buses for transporting people in wheelchairs, and they have lifts. In this situation it would require a memorandum of understanding ahead of time because you're not just requesting a bus, you're requesting a driver who has to be available, and in adverse weather you need a mechanic, tire chains, that sort of thing. So it's not a simple matter, not an immediate resource, but with planning, they're all over the state.

>> DANIELLE BAILEY: You set up those MOUs for transportation but say it's still not adequate enough, so maybe I can't transport or maybe you have to lift somebody into a van because it's not wheelchair accessible, and then when they get to that point, then what do you do? Are there any -- is anybody aware of like equipment lower than libraries, anything like that, or resources or what do you -- how do you work with folks around that? Because that's a piece of transportation. Because what if you can't be transported with your wheelchair? Or what does that look like?

>> With fast, functional assessment teams, we're looking at considering the options of having medical equipment assistive technology, housed in certain places, and also being able to have MOUs with people who supply that. So that maybe we can get something to somebody temporarily. There have been some work plans I think during I think the last ice storm there was -- and I'm going to not remember this correctly, but there was a person in East Pierce County that was pretty remote, needed some backup for either a power chair or another



piece of durable medical equipment, and thought he was going to need to be evacuated because of it. So I'm thinking it's probably more durable medical equipment. By the time they got somebody out to him, they realized that they could have solved the problem by --

>> JOHN ROCHFORD: Keeping him home?

>> Yeah, sheltering him in place and providing him with that.

>> There's also lower-tech stuff for moving people that they use every day, so I don't know what the technical term is of the large reinforced canvas tarps.

>> It's called a maiden mover. There's Hoyers, but Megan mover is the people hoist.

>> And then there's other ones. It might be called just lift or something, I don't know, but where it's to help people stand up and then to help them move. So you might not necessarily have access to the normal like cots or transportation stuff so you might have to go low tech.

>> We run into this issue daily. It's not just like emergency.

>> That's exactly what --

>> Just like Richard. If I can't transport his chair, even if he had no wheelchair, that's no use to him. We can't leave our equipment there. Take the stretcher out of the aid car and left the whole thing into the aid car. So now we're leaving equipment somewhere else. So --

>> DANIELLE BAILEY: Are any agencies out there aware of adaptive equipment libraries or folks who may take old equipment?

>> Yeah.

>> DANIELLE BAILEY: Do you want to talk about that?

>> Washington Assistive Technology Program as good resource for assistive technology. Bridge Ministries in Bellevue, up in this part of the country, has some really good durable medical equipment. I want to say they donate and -- I don't think they have for sale but they can provide durable medical equipment. They have a --

>> It's a rent -- you can either rent or -- yeah, you can rent equipment, and they of different technologies. The challenge for IT staff is if you're a person with disability, you need a certain IT device, like, you know, a power chair is -- when it comes to weather, you're better battery isn't going to last that long, so you're going to have to charge it. So we need to think of low-tech solutions to be able to transport the person into a temporary nonpower wheelchair while something like this, you know, where we are customize wheelchairs that are built for different size people and that have wheels and not this small tiny, you know -- we need to tailor -- we need to have businesses tailor wheelchairs -- different types of clients so that can be easily altered to when we have to lift people from one thing to another, it can be manual or low tech but -- because the batteries are going to fail, and the wet snowy climate, because -- I remember one time at college my battery I had for about two years, and it was running low, so I'd have my mom drive the backup battery to my college at U Dub to build -- they lost for about three years. Even though it didn't have a backup for it. So it's like you got to think of a low-tech solution, because, you know, a power chair is good and all, but you need to have a way of building equipment that fits all sizes but at the

same time can handle going over snow, rocks, clay, sand, you name it. And at the same time, the hardest thing about technology is, technology isn't always good for communication, so you got to figure out combination of low-tech and high-tech technologies to be able to communicate to the different clients's needs. And the problem with technology is there's so much technology out there, so you got to figure out what technology works best for the consumer. So it's a -- we need a better way of creating technology, high tech, low tech, that can integrate the people that you're trying to serve in the discussion to be able to create these tools, equipment we need to build to get people in and out of ambulances, and then we need some collaborative effort between IT people, engineers, and you name it, at the same time we need to actually build housing units, apartment units, think about building units that can be built so it can adapt to all sorts of needs at the same time, so you're not having to double think of what needs to really happen. If you can build smart units within communities that can be on this kind of a smart grid type way of building a great network of COB, whatever you call those, you might want -- that will be a good way to improve the quality response time. At the same time if we can figure out a way to prepare communities to be sustainable for certain period of time on their own, we can reduce the long-term impact of the people that we're trying to serve and actually have more time to serve the real serious people with the medical needs or whatever else. Those are just my thoughts over this whole discussion this whole day is how do we really not only to people but how to get this out in a way that's proactive within the communities to get knowledge that we're hoping to create like a sustainable plan at the local level. Because honestly, the state level is just too slow, so we need to really empower the local approach of having these kind of forums out in the public at the libraries, at the schools, at our libraries. At the same time, I'd be happy to --

>> DANIELLE BAILEY: I think you brought up a lot of great points, and what you're saying now is just to be active in the community. Do others have those similar experiences as far as engaging with emergency management from your disability agencies, organizations, and have had discussions about transportation in some of those other points? Has that happened?

>> Ours has.

>> DANIELLE BAILEY: Can you talk about that a little bit, maybe?

>> Sure.

>> DANIELLE BAILEY: Or one example?

>> First time I attended one of the after Katrina emergency management meeting during an event like this, Marcy Roth was very clear. She was the director of the office of disability integration and coordination, and she said at that point we're getting to a period in American history where we can no longer let things like what happened at Katrina happen again, so, therefore, she was asking first responders and people who are already overburdened to reach out to organizations like ours, which deal with people with disabilities, and come up with solutions. It's been a few years now since -- and I think we've made progress. It's just it doesn't happen fast. There's no money for it. But in Pierce County we've been very fortunate. We're in a good location. We have good

communication with our EOC. They reached out to us and we're constantly working with them to try and do as much as we can, but, of course, a lot of this is very don't tear, so, you know, the people who employ me are paying me to go to emergency management classes and other things to be able to be involved at that level. So we'll be actually having a meeting on Friday to talk about other ways to possibly fund that, but I think it's absolutely necessary that the communication happen from those of you who are the experts to take some of the burden off of the people who are first responders and emergency management people who have already got a plateful.

>> JOHN ROCHFORD: I think what Richard said earlier was it was bridging the two cultures, the people approximate don't are experts in the field of disability and the people who are experts in emergency management.

Do any of the others have experiences where you've reached out to your emergency managers in trying to make sure you're aware of -- you're in Rainier School. You probably have experience with join basis for local services to make sure they know how to respond to your customers and your clients?

>> Absolutely.

>> JOHN ROCHFORD: How do you structure that?

>> Well, we -- it's a small community in Buckley. We're really pretty rural, so we communicate with the chief of police and chief of the fire department. And we've been in contact with Sheri with the EOC, and they've come up, looked at our facilities, because we, you know, evolved our needs, we probably need to shelter in place, and so it's -- their expertise to help us so that we can be more robust so we can set up to whatever we need to do.

>> JOHN ROCHFORD: Are there other residential facilities here?

So from the fire department's or whatever, do you do outreach to increase your awareness of the local communities that you serve, nursing homes, adult family homes, people with English as a second language?

>> That's a great question.

We are starting to. They're doing a strategic plan to do better outreach, the fires department, I must admit, has not do than a great job of community outreach. I think 911 has got to the point now where if you have a problem you just call 911, and it's gotten overinundated, and we don't have all the answers, and I do believe these are great because you get community partners. I think everyone needs to realize in an emergency like even your school in Buckley, Buckley is small so the volunteers are going to be volunteers. Just like in the city, we only have 210 guys on duty. So if you have your agency, you just plan on working by yourself. Unless it's a major emergency, you probably won't see the fire department. And if people have that in mind, at least, I mean, there's 10 of us in Belltown. How many people are in Belltown? 30,000? 40,000?

So we do -- we are working on that. A lot of licensed care facilities, we do see a lot, because of other issues. So we are working with them and creating partnerships, but it's a one-person show, which is me, and I couldn't even tell you how many licensed care facilities are in Seattle. Or adult family homes or -- I want to look at your website, though.

>> There's 2,000 -- let's see. 68 nursing homes between king and Pierce

County.

>> JOHN ROCHFORD: Okay.

>> And then like 274 assisted living facilities, I think, and then the nursing homes -- or the adult family homes, it's much, much higher. And those are the ones that we're concerned about being the biggest burden, because they're the tiny individual shops, and they spend a lot of time already going to each of them, and you also have -- you have a language barrier and you have functional and access and medical need facilities, because most of them are owned by, in King County, at least, the majority of them are owned by people who are from Russia, Ukraine, Romania, or Filipino. And so you have a cultural barrier as well, and some of those people, believe me, they don't take well to government coming in and saying, well, you need to be prepared. It's like, do you know why I left my old country?

So --

>> JOHN ROCHFORD: So in terms of transportation, what kind of bridges do you think we can be building with those communities, which have intense transportation needs, to minimize their impact on the overall system so they're more self-sufficient?

>> It comes down to being personally prepared and to explaining to people over and over and over again, which they don't want to hear, and the State did not want to really put anything included in the pamphlet that they provided to adult family homes if fire's not going to show up, and that's the way it is. And that the people that are best able to help you are the people who are physically closest to you. Not the guy half a mile down the street who happens to have a nice big giant truck, but the people who are in your neighborhood, and so coordinate with them to find out do they have special skills, do they have large vehicles, is there a church in your neighborhood that has an accessible vehicle. We work with the nursing homes, my organization does, already, and a lot of the assisted living facilities, so they're already kind of aware that they need to be prepared and things like that, and there's MOUs between nursing homes and we need to take take patients from one place to another we can do that, but that means we're going to be taking up both public and private ambulance assets in order to do that, and we're not necessarily going to be able to deal with other people. During the bridge collapse in the twin cities, people were moved using pickup trucks. That's what you use after tornadoes. That's how it is. But you don't have -- Joe, St. John's Hospital Dee destroyed, what are you going to do?

>> That's a good point, because most people don't know, how many medic units are in Seattle. There's seven. In the whole city. You will not be seeing a medic unit to transport a noncritical patient in an emergency.

>> DANIELLE BAILEY: So how many of you guys are -- does anybody want to share experiences of how they have worked with neighbors or are there any residential care providers, anything like that, that is really done a lot of neighborhood work or neighborhood involvement or just try to say, hey, you know, we're residential providers, we may have some folks in our home, these are our needs and, you know, we're more than able to help you and you're more than able to help us, so how can we talk about this? Does anybody have any

experience with that? Kind of doing that neighborhood and follow-up and collaboration.

>> PC net is neighborhood emergency teams, which they have a similar thing, it's justified called something else in King and Snohomish Counties, and I believe Seattle has its own program as well that's very good, about connecting people who want to be connected to their neighbors and working on (inaudible) you asked about some of the collaborations that have happened. Talking to participants with disabilities in Pierce County after a couple of different things, including the ice storm. I noticed that people came up with some ideas about charging batteries for different devices that they needed, and the electricity was out so they recommended getting \$20 -- if you can afford it, \$20 AC to DC converter, and that way you can get into your garage or your car and you can plug in -- or somebody could plug into the battery and actually charge things up, including cell phones.

>> I'm going to be selfish for a moment and redirect this to emergency managers. Remember a comment before was where offices of two or three people, and you're lucky if you have three? I kind of hit the point of overwhelmed with the planning element, and like you went on a secret from any emergency management planners, sarcasm, is we do a lot of cutting and pasting with our plans. If somebody says you have -- you need to write a medical countermeasures plan, what's that? The new thing I have to learn about. And you learn about it by reading other plans and saying, oh, this is a good one. I'll take this part. And this is good, I'll take this. This is good, I'll take that, and then I'll rearrange it into what works for my rural area, my urban area, my densely populated area.

And we check each other's work based on expertise. Oh, Bob, you worked in medical countermeasures. Would you look at my plan. Does it look good for you?

Out of this room, would I be able to come back next year with my plan for my locality and say, here's my plan. Who can check my work?

>> JOHN ROCHFORD: Ah.

>> You know, since you are experts in people with cognitive issues, if you are expert with people with physical disabilities, who can check my work to see that I'm making the progress that I need. Because I need that practical type of guidance from experts. I'm not going to get it, necessarily, from other emergency managers. We don't have expertise in all things, and that really is our job, to be a generalist, because as much as I'm thinking about you, I'm thinking about the businesses in my community and I'm thinking about the tourists in my community, and I'm thinking about the hospital in my community.

>> JOHN ROCHFORD: Down the line.

>> It just goes on like that. So who's going to check my work?

>> It's part of the whole community concept, correct?

>> DANIELLE BAILEY: Right.

>> So from a big -- larger scale, that's why more people need to be involved than just departments of emergency managers. You guys have enough on your plate. I see what it's like when I walk into the EOC in Pierce County, even when

something happens in Oso, we have search and rescue back there. The parking lot's filled, and it's not just during that disaster. It's always that way. You have enough to do. So I think some of the -- what we talked about earlier about maybe have a policy where we have it mandated that we get together and have these conversations a little bit more often would be a good idea before something bad happens.

I know that cutting and pasting thing works well for us down there too. Robin, you want to talk at all about the organizational piece that we just finalized the draft for businesses and organizations -- what's the name of that?

>> The competency?

>> Yes. Core competencies.

>> Well, you can talk about that.

>> We borrowed --

>> I'm happy to, but --

>> Basically it's a -- we cut and pasted from the hospital system, wasn't it, in Florida? So they already had it. Fast was already created in California, and can we grabbed that. But it's -- I hear what you're saying. It's kind of disjointed. Everybody seems to be doing something differently.

>> DANIELLE BAILEY: And I mean, I'll speak to that a little bit. I think, you know, from the disability there's nothing about us without us, and so really I think if there's a forum or that time when everybody can come together and that conversation is happening way before that plan is ever written, you know, and you're having those conversations on a regular basis where there's some sort of forum where those folks can come together and people can contribute and that type of thing. But I think, you know, what you said is -- that's what needs to -- that's what we need to concentrate on is, you know, so here's this plan. How can I get input from the community that's accurate.

>> There's a mechanism that can be available to county governments for having that kind of input happen, and it's through disability advisory committees. And I don't -- are people aware of that? There's an opportunity for counties that want to participate to create an advisory committee, and then there is a small amount of money that's available through the governor's committee on disability issues in employment that can be used to kind of help pay for the advisory committee. I think -- I'm not sure if it's in the law currently, but they can really work on whatever they want, but they can make projects, they can make an emergency management project as well. And actually originally that was the idea.

>> Funding.

>> Yeah. But like I say, there's a mechanism to create a funding source for a project or to run the committee. So that's one way you can do it.

>> DANIELLE BAILEY: How do people identify the disability advisory committees or where do they get that information?

>> Well, what happens is is that essentially if a county wants to create an advisory committee, they can do so, and then they connect with the governor's committee on disability issues of employment and then through that they set up a legitimate committee that will actually do that. They'll actually be made up of

people with disabilities with some expertise in accessibility, and then that's a mechanism by which, like I say, they can -- at this point they've actually created some of those in some counties, in some counties -- I don't know if any of them are used or disaster planning or not.

>> I can't think of a better reason to spend that money on something that would warrant.

>> Originally that was the plan, was actually to direct this at emergency management, and then there was the big fiscal note that came in from somebody, so it didn't, but --

>> JOHN ROCHFORD: I think one of the opposite sides of that that if you can get those people to come in and help you review your plan, hopefully they'll buy into it, and they can also become your trusted voices to take that back out to the community. So it may be an investment in time, this working with committees is always so much fun, but on the other hand, I think it will work both ways thereafter. So that's -- I think that's a great idea.

>> And I guess -- rather than buy into the plan, having the developing plan.

>> JOHN ROCHFORD: Developing, yes. She's already cut and pasted, it's so pretty.

>> Yeah, you're right.

>> I think also it makes sense to work with the subject matter experts who are in the area, so if you need to develop a counter -- MCM plan, which you don't, we talked to Ashley, to talk to public health, or if you need to -- here's an example. I rewrote part of the fire code about how much water and food and stuff nursing homes had to have on hand and other supplies and whatnot, but I had questions about other supplies that they might need, and so I went to someone who had a healthcare background and I said, what are the different things that we would need here? Because I haven't worked at a nursing home. I don't know. But so instead of them taking the whole plan to somebody and asking them to look at it, I just needed to gather pieces of information. I'm working on now how do we maintain continuity of care for people after disaster. So I called Atlantic county in New Jersey and I said, hey, what what did you do? So that's one example.

>> JOHN ROCHFORD: We're getting to the end of our time here, but I think one of the lessons we learned was this was all about, you know, building the community and starting to figure out, oh, this is somebody who runs that committee, this is somebody who has this and where sees. To be trading your business cards and be making those relationships, because that's what today is all about. We're not coming here as subject matter experts to tell you the solution, because it's resident amongst all of us. So appreciate your time.

Danielle, anything else?

>> DANIELLE BAILEY: No. I think you guys had a lot of insight, and I think the disability advisory committees and I think your insight about we have this plan, we've cut it, we've paced, now we want somebody to review it. So it's really kind of, again, that partnership and who do we reach out to, and so you have all these disability partners in here, independent living and agencies and organizations, who are your experts in disability, and they can advise and help

out on some of those plans. And vice versa, emergency management needs to create that table or that open forum where they're welcoming that. And that their agency's at the table for those folks to come in and advise about transportation.

>> JOHN ROCHFORD: Thank you all. Appreciate it.

> There's going to be a full-scale transportation drill in Pierce County at Puyallup Fairgrounds in Sprinker recreational center coming up on June 12th. If anybody -- you work with people with disabilities, and I know this far north it's probably not feasible, but in Pierce County, anybody who's down that way, we could use some people with real disabilities volunteering to take some of those spots. One of the things I remember Richard saying four years ago is it doesn't work when we have people pretending to have disabilities. We need people with real disabilities in the drills. So you can let me know if you have anybody in mind and I'll pass it on.

**\*\* COMMUNICATION \*\***

>> MICHAEL RICHARDSON: I think we're ready to start. It's 2:10. Because of the change in time today. My name is Michael Richardson. I'm the. In Mountlake Terrace, Washington, and we provide consultation and workshops about the Americans with Disabilities Act in Washington, Oregon, Idaho, and Alaska. We are not enforcement agency so please don't be afraid to call us for information about the ADA. If you have any questions about your rights, responsibilities, in providing access.

>> ARIELE BELO: And hi, everyone. I'm Ariele Belo, and I'm the director of deaf and hard of hearing services with the hearing, speech and deafness center. We provide deaf and hard of hearing services for 13 counties in Western Washington. We also have an emergency education and training program for 911 centers all over Washington state. And we teach 911 centers how to respond to calls from specialized populations and making improvements and we continue to do ongoing on-site education.

And part of my deaf and hard of hearing services is providing education and training and workshops connected with the whole window of ASL, assistive technology, the whole deaf basket of things.

>> MICHAEL RICHARDSON: So this session is focused on communication, which is not in the general communication sense of how we communicate messages in -- communicate in general, but how to reach people with disabilities in which the communication is impacted. So those with vision loss, hearing loss, intellectual disabilities, speech impairments, things like that. And we throughout the morning and this afternoon we've been talking about various, you know, technologies that are available. We've talked a lot about hand radios, which I understand now is -- I didn't realize Washington state has the largest number of ham radio operates in the country, which is good. But we're kind of looking for -- if you take this sort of snow scenario and we've talked a lot about, you know, preparation a ahead of time, how you convey messages to people in the community about being prepared for disaster, the alternative form of getting the information out, whether it's in large print materials, accessible websites, using ASL interpreter in your video, public service announcements,



things like that, captioning. I'm kind of looking -- I think -- I want to hear more about some systems that you may have already put into place and how they're working and how -- what kind of partners you've pulled together. And if not, if nobody's put together anything, that's not a big deal, we can talk about what do you want. You know, what are you looking for to help put the systems in place. So I know the weather is beautiful, we've had lunch and some just want to get home and either take a nap or barbecue. This is the last one, so let's open up for discussion. First of all, any thoughts or questions or concerns you have about reaching out to those people with disabilities in which communication could be an issue?

>> I know there's been a lot of people have looked at the issue of media and how poorly regional media does to serve the needs of people who are deaf and hard of hearing. You know, the constant crawl message, the endless video loop, things -- text and pictures don't match, it causes some fear in where is this happening, and I know there's new standards are being put in place to improve how regional media presents it. My concern is I'm a first responder, I'm also someone with hearing loss. In the fringe areas of the Puget Sound basin, and regional media doesn't meet the needs of our community. So in Seattle a media person will come on the radio or television and explain about the snowfall, the windstorm, the hazards, but they're not going to share the information the people out in the fringe areas need. And so we're looking to use our own district's website, Facebook account, the regional public information network, as alternate ways to give specific information to the people in our community what they need to know, what roads are open, are there shelters, when do we expect any roads out of our town to open. So we're facing that dilemma of being a small market off on the edge whose needs aren't met, and so we're having to create our own way to get the message out.

>> MICHAEL RICHARDSON: So in that situation obviously electricity will be something -- probably beyond for a lot of that stuff to work. But you're right, there's -- Oso is a good example of sort of those fringe communities out there. And how do you get the message out? I mean, you mentioned websites. Is everybody confident they have an accessible website? And what that means is if somebody is blind and using screen referred software, they should be able to listen -- basically have that website read to them. And there's some ways in which websites are designed that make it inaccessible. So is anybody sort of interested in knowing who can I contact to have my website checked out to see that it's accessible? Because those resources are available. I believe on the flash drive. Department of services for the blind and rehab medicine University of Washington assistive technology program can actually provide people to go out and assess websites for accessibility.

Also the issue of maybe providing doing some videos, public service announcement videos on how to prepare your home for a snowfall, for example. Do those videos have captioning, and if not, do you know where to go or who you can contract out with locally to get that thing captioned. We've seen YouTube videos now where they have the new voice recognition software, but trust me, it does not provide accurate captioning whatsoever. So we don't want

to rely on that for emergency purposes.

>> ARIELE BELO: And also I'll adhere. When you have a power outage, what are you going to do? You're not going to be able to access the Internet, cell phones. How are you going to manage that? How are you going to facilitate communication announcements if your electricity is out, your power is gone, I would put it to you. What's your alternative? I mean, I'm asking, what will you do? I'd like to hear it.

>> We've got some -- we have some plans in the works to try and combat some of that. You mentioned a moment ago ham radio, which has more capabilities now than it ever has before. The ability to actually work with Internet systems, and they can reach out beyond our region and send information back in.

Some of the things we've been looking at is battery backups for not only your computer but for other things in the home. So if you have battery backup for your computer for a short period of time, you can at least plug in other devices that you may want to use for communication at that point as well.

The -- one piece that I've heard is going to help with cellular technology is the mobile cell towers. So in the event that that was available, you'd have your cell phone as long as you could get it charged up. The hand these crab and solar power radios are another way you can get information in but you can't really send it out.

>> MICHAEL RICHARDSON: We had an interesting discussion last session. We had a police officer there who worked the Seahawks NFC championship game and the parade, and when those two events happened, all phone functional pretty much shut down for the time being, so there was no way you could even send or receive a text message. I can actually remember that happening with the earthquake we had years ago, although cell phones weren't that prevalent, but that was an issue that I experienced.

So do any of you have the -- any programs in place, for example, if you're operating shelters or running -- using a school district's school buildings to -- or have you coordinated with other staff on who will take responsibility for communicating those who may be deaf, for example?

>> During the Hanukkah Eve windstorm our small town was without power for seven days and the surrounding area was out of power for nine, 10, lessor days, depending where you lived. So totally out ad hoc, there was no previous plan in place, but the city, the National Guard got a generator, opened a shelter, and then police, fire and neighborhood groups went door to door and handed out fliers, and so a printed flier is not going to meet everybody's communication needs, but I like the idea of going to neighborhood networks. So if we knock on your door and you know your neighbor is elderly and can't come to the door or if you know your neighbor is blind or hard of hearing and won't be able to receive the message, we relied on that. We had a tremendous turnout. We're also fortunate in being a small community that we know many people firsthand, and we'll seek them out.

>> That type of approach works in a small community, where people know each other, but in a larger community it probably won't work as well, especially if

you have people who are concerned about their immigration status or worry that they will be profiled. And so if somebody comes -- person comes and talks at the door and they're wearing a uniform and the badge, they're not going to answer the door. So that works for someplace like Duvall but that's not going to work for like, say, Burien, at all.

>> Would you be able to leave something on the door?

>> You could, but it depends on the population that you're working with, because most of Somali community don't read the Somali language, actually. So -- and, again, there's that bridge or that crossover of people who have disabilities that are also part of a different cultural and ethnic community.

>> So that's where it would be valuable for emergency managers or emergency providers to build buildings to those communities ahead of time.

>> Right, and then they can go and use their own communication networks, which we have with the -- Robin stepped out. Through the community communication network that the vulnerable populations action team developed so that they hand out information to stakeholders and then the stakeholders get that information to the individual community members.

>> MICHAEL RICHARDSON: One thing that I just thought about was brought up early this morning, which I never thought about, was -- there's one organization that puts out information about personal safety, because sometimes if you get a major disaster for a long period of time, then crime will go up in some areas, because people will be, you know, looking just to loot or get food or water, whatever. And then the issue of door to door, you know, checking on some of those potential population -- people with disabilities, and if you've already been informed, you know, keep your place locked up and secure and watch out for people in the street, then you get some confusing messages out there.

Just something -- a thought I had.

I'm curious. For those of you maybe doing some kind of preparation for door-to-door outreach in a situation, are they wearing like specific orange vests or some kind of identifiers as emergency personnel? Besides the obvious, you know, with police and -- okay.

>> ARIELE BELO: Anyone involved in the CERT program? Any of you? No?

Yeah? Okay. We have one. Two. Okay.

>> MICHAEL RICHARDSON: Is there anybody who wants to know what the CERT program is and how to get training for it?

>> Sure. Why not? Yeah.

>> MICHAEL RICHARDSON: Could somebody provide -- do you know about the CERT program.

>> ARIELE BELO: There was somebody -- you know. She raised her hand. Right, if you want to touch on that and explain.

>> It's Community Emergency Response Team, is what the acronym means. It is trained locally. Eight weeks of trainings? Eight units of training? Understanding emergency management, understanding incident command, disaster psychology, light search and rescue, medical operations and triage, and

then at the end a graduation day where do you a functional exercise. Some communities then ask everybody who went through that training to be a team that is accessible to the community during a disaster time, but some communities don't require people to be team members, they just say wherever you're at in the community, you are trained as an individual, whether it's at your work or home or out in the community, you are individually trained and can assist at that time.

>> Thank you.

>> MICHAEL RICHARDSON: I'm curious. Has anybody taken any sort of course on how to communicate with people with disabilities in which communication is impacted, whether it's hearing loss, vision loss, intellectual disabilities? Because there be situations where you can't get an interpreter or whatnot. You raised your hand.

>> Yeah. With the functional assessment teams or fast that we're starting to look at different methods of communicating with people in the community that are classified as people with access I have functional needs, which disability falls under that. But also English as a second language. And as was alluded to earlier, there are people who don't -- that can speak their language but they can't read it, so one of the alternatives we came up with is picture cards. And the picture cards are laminated and they can help do some basic communication. There was more for in the shelters and in the community, but I would think they'd work in the community as well.

>> MICHAEL RICHARDSON: So where was this at?

>> The -- at Pierce County EFC.

>> MICHAEL RICHARDSON: So there's a resource right there that you can connect with to get similar, you know, guidance on creating similar programs, strategies.

>> I've taught classes to emergency responders on how to work with people who are hard of hearing, and hearing loss, and I've also taught classes to people in the deaf and hearing loss community on emergency preparedness, and it was interesting, when I first started looking at that curriculum I was told by King County emergency managers that there was no difference in the curriculum whatsoever, it just needed to be presented in a different fashion. Sign language, CART. And I strongly disagreed, you know. There's different considerations. Starting off with just the fear of calling 911 and not being understood or having trouble hearing. So I do believe there's specialization in the curriculum.

>> MICHAEL RICHARDSON: Who -- what was the class?

>> I made my own.

>> MICHAEL RICHARDSON: Oh, okay.

>> Working with people I've actually run into today.

>> MICHAEL RICHARDSON: Sure.

Yes.

>> So you asked that question of where is this curriculum from. I'm work in emergency management for the Health Department, and I'm just wondering what resources are out there for us to be able to start learning that in addition to having the conversations with the communities, because I also don't want to put the sort of like -- you know, there's a community of folks with let's say hearing

needs and if we're all asking them for help at the same time, like help us do this planning, I don't think that's super great on your time, either, especially since we don't have money to give you for your time. So I'm just wondering what resources people know of out there to help us sort of sort that out, and then also be talking with you to see if they actually work in our specific communities.

>> ARIELE BELO: So in -- this morning everyone got a flash drive, when you registered. There's information and resources on that flash drive of different agency services that are local. So if you would like to contact my agency, the hearing, speech and deafness center, you can. We do have a contract with the Washington military E911, and we're required to provide services to 911 service and training. It's a federal program. So making sure that they're in compliance with the law and that they're up to date with how the deaf and hard of hearing community communicates. Seattle is a large city and we're heavily reliant on electricity, and so the rural areas have the advantage of not relying so much on the electric grid. So we're focusing also on training both the rural and the urban areas. So we talk about the language barriers that people who are deaf have. Their first language is American Sign Language, and a lot of people don't have proficient English skills. So that can lead to a lot of misunderstandings. Also, a lot of people are -- have the myth that all people with hearing loss have the same kind of communication, which is not true. So if you take a look at your flash drive that you received during registration, I think it's over 200 pages of resources, and that's a lot.

>> MICHAEL RICHARDSON: And going back to your point, the list of resources can be overwhelming. Where the heck do I start. But some of the key agencies I can tell you right now for hearing loss in communication with deaf t hearing, speech and deafness center is probably a key place to reach out to. For those with vision loss, department of services for the blind, the Division of Developmental Disabilities will probably have resources and possibly some trainers for, you know, working with intellectual disabilities and augmented communication devices, things like that. My agency is available to do consultation, training awareness regarding accessibility, you know, physical accessibility, especially if you're -- if you want to gauge -- get a sense of what schools you may be using or buildings for shelters and whether -- what parts are accessible, which aren't, and you can provide report a recommendations for improvement or, you know, what's working, what's not, you know.

>> ARIELE BELO: Also, I encourage all of you to partner with each other, with other agencies. For example, a lot of people don't realize that they have an ASL interpreter in their very own neighborhood. Because they think they have to look for interpreters from a language agency, but suppose your power is out and the ASL interpreter that they refer you is three or five miles away. They're not going to be able to drive to provide interpreting services. But if you know your neighborhood, you can walk down the street and have an ASL interpreter. It's just another reason to know your neighborhood.

>> MICHAEL RICHARDSON: Anybody have any burning questions about communication strategies with those with communication-based disabilities? Anything you've always wanted to know?

>> Can I ask you a follow-up question?

So you said that you had done some trainings with deaf with hard of hearing, and then also maybe communities that are afraid of the government or fearful. Can you report on any lessons learned or how you're taking -- you said you developed materials, so how were you sharing those or --

>> Well, the curriculum for people who are deaf and hard of hearing on emergency preparedness, and then also what I taught the training officers in King County for fire departments was based on conversations with people in the field or with a disability. Say, I sought out a lot of resources. It was fun. A number of people that I conversed with previously are here today. But the -- I think the take-home point that I found was there was a lot of fear from people who are -- have significant hearing loss or are deaf, and the expectation that emergency services are going to come looking for them in an emergency, and that's not the case. So they wanted to necessity how could they let their fire department or the police or the dispatch center know that they can't hear when they're on the telephone, and so these were common concerns I heard. And I also talked to dispatch centers who didn't want to be collecting that information. They felt that that was a violation of public records and, in fact, would be a form of discrimination. Although I found dispatch centers handle that widely differently. Some were happy to collect information if it was offered. Others were not willing to touch it.

And so I mentioned earlier today a smart 911 is a program in King County where the caller can provide their own information and set it up, but it relies on registration. So those are some of the things I lender. But there was this fear that emergency providers aren't going to be able to talk to me and how can I communicate that.

>> I helped teach a CERT class for people who self-identified as disabled off of a grant where we brought in 30 people with a variety of disabilities and taught the entire CERT curriculum based on learning styles. So are you a visual learner? Are you a list learner? Are you an auditory learner? And what we found when we taught was, as trainers, we needed to observe the classroom greatly to see who was engaging and who wasn't.

For example, when we were teaching the blanket drag, some people agreed to be the person that was drug on the blanket, so they were able to learn tactilely by being drug, and other people got a list of instructions, first you do this, second you do this, and there was a specific order. And then what the trainers noticed is people with visual disabilities in the room were disengaged because it was so loud. And they weren't able to follow. So what we ended up doing is going to people at the tables and asking them, can I use your hand to show you how to do a blanket drag, using a napkin. And we indicated, your wrist was the head, the tips of your finger were the feet, this is how you would place a person on a blanket, and this is how you would drag them. So they were able to have a small version of what was going on in the class but learned tactilely. So it was intriguing as a trainer to look at the way that people learned, but it helped us a lot to understand that we could teach those concepts to anybody. We just had to teach it to them based on the way that they learned, not based on their disability.

>> MICHAEL RICHARDSON: Yeah. That's a good example of providing sort of an alternative format of learning, and a great example of how you can apply that same example to the way you're messaging or getting information out there about, you know, disaster preparation and being reactive in situations. So how can you ask yourself, is my information getting out to everybody, and if not, how can I flip it or provide it in a different format so it does get out to everybody, or most people -- I just lost my train of thought. I had another example I was going to share with you.

>> ARIELE BELO: Well, someone mentioned this morning that a lot of people with disabilities or some people with disabilities don't always read or write, so another way to provide communication is pick to recall. Maybe printing a picture, just so they know the context of what's going on. A picture of a fireperson or a family member, and so you can communicate by using those pictures, because they don't have the literacy level to be able to handle written text.

>> MICHAEL RICHARDSON: I remembered what I was going to say. You said those who are identified as having disability. What a big population is the aging baby boomers who will not identify. But you will see -- and I'm seeing it rye now, significant hearing loss issues, vision -- decreased vision, besides the mobility and stuff. So that's a population that will not likely be, you know, reaching out for help saying, you know what, I can't hear the radio or this and that, so those are some situations where you have to use some instinct to gauge who may or may not be communicating effectively, whether they can see something or hear something well enough. Just keep that in mind.

We've still got a little bit of time to go.

>> Part of what I'm thinking about the question of having trust and hearing people who are trying to make contact within a disaster, and hearing about the CERT training for people who are self-described as having disabilities. There's a lot of work there involved, but I think that is probably one of the best ways, as Richard has mentioned before, earlier today, that trust piece is really important. And I think building a relationship with these people in the communities that you're going to work with, all people with access and functional needs, it's time consuming but if they actually met you or met somebody from your organization, it's going to go a lot better whenever the actual disaster happens.

And there's no easy or fast way to do that.

>> MICHAEL RICHARDSON: I'm just curious, based on the experience so far today, with the idea that this sort of meeting was designed to share information, share gaps, and share some solutions to those gaps or share some successful strategies. And obviously it's a good way to network as well. You heard your names throughout the day and who you work for. Do you feel you're better able now to know who to connect with and maybe partner on enhancing your programs, or is there something else that you feel like I need help with this and I'm not sure what to do? Or do you feel you recognize some people today that you can connect with and create that kind of collaboration out in the community?

>> I felt that way for about seven years now, but I think there's a lot more

that's got to be done. We've been working on emergency management, emergency preparation, for people with disabilities for quite a while, and departments of emergency management are overwhelmed. They've got a lot on their plate, and to be able to have somebody who can just focus on people with access and functional needs I don't think was in the budget. But it would be nice if it was. It's something that we can definitely work on, because what better excuse could you give than it is literally a matter of life and death. If you wait until a disaster happens, all the bad things that could come out are going to happen.

>> MICHAEL RICHARDSON: That's a very good point. Because I'm just thinking. Many agencies like mine, I mean, we are obviously a little bit short staffed and we're -- our plate's full, and to think about having to -- all right, need to add something else to my schedule request get out and communicate, I mean, that's -- or strategize and partner with another agency, you know, it's something that I'll have to put on my plate. But it goes back to the statement this morning from Richard, everybody who knows nobody but -- you know, how it basically could also out. I mean, you can feel good -- look at all these cool heme peer talking about key disability access and the rights of people with disabilities to have, you know, equal access to emergency preparedness and evacuation, but so easy that we just walk out the door at the end of the day and say, wow, that was pretty informative, but -- and then when something does happen, it's like who do I contact? Where's my partnership, you know. So I'm encouraging you and hoping that you can pass off some cards, keep the communication going, and I'm sure there will be some ending statements today on how you can maintain those relationships and partnerships and build upon them so you have a plan in place when something -- trouble does happen.

And it will eventually, right?

Any other comments?

No?

Okay, well, maybe you guys deserve an early break.

>> Thank you. I found this session to be very, very helpful.

>> MICHAEL RICHARDSON: Okay. Thank you.

>> ARIELE BELO: Well, thanks.

>> MICHAEL RICHARDSON: And again, I'll be here till the end of the day. I do have background in working with deaf and hard of hearing, as well as people with all kinds of disabilities, so don't be afraid to reach out. Okay?

Just to give you a quick update of the schedule, as everything's been shifted. Technically this was supposed to go to 2:55. Then there will be refreshments at 2:55 until 3:10, in which there will be reports by the company heart leaders, and the closing panel at 3:30. So make sure you're back in the main room at 3:10, I believe. Okay?

Thank you.